

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

01 NOV -9 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N99000006261**

1. Corporation Name

SOUTHERN EXPOSURES II OWNERS ASSOCIATION, INC.

Principal Place of Business

16428 FRONT BEACH ROAD
PANAMA CITY BEACH FL 32413

Mailing Address

~~16428 FRONT BEACH ROAD~~
~~PANAMA CITY BEACH FL 32413~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/21/1999

5. FEI Number

59-3659544

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	TUNO, ROBERT P	130 QUEENS CIRCLE	PANAMA CITY FL 32405
D	REISS, CHRISTINE L	338 BUNKERS COVE ROAD	PANAMA CITY FL 32401
D	DUNN, LEAH O	340 BUNKERS COVE ROAD	PANAMA CITY FL 32401
D	TUNO, TERESA	130 QUEENS CIRCLE	PANAMA CITY FL 32405
D	DUNN, NEAL P	340 BUNKERS COVE ROAD	PANAMA CITY FL 32401

8. Name and Address of Current Registered Agent

REISS, CHRISTINE L
338 BUNKERS COVE ROAD
PANAMA CITY FL 32401

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

4000004698044--3

-11/29/01 Start Date 015

****236.25 FL ****236.25

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Christine L. Reiss registered agent
REGISTERED AGENT MUST SIGN

Date

11-7-01

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Christine L. Reiss Christine L. Reiss 11-7-01 8507856671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)