

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUL 15 AM 11:30

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

700132972087
07/15/08--01042--001 ***420.00

DOCUMENT # A99 000006261

1. Corporation Name

Southern Exposures # Owners
Association, Inc

2. Principal Office Address - No P.O. Box #

16428 Front Bldg
Suite, Apt. #, etc.

3. Mailing Office Address

7911 Thomas Drive
Suite, Apt. #, etc.

City & State

Panama City Bc, FL

City & State

Panama City Bc, FL

Zip

32413

Country

BAH

Zip

32408

Country

BAH

7. Name and Address of Current Registered Agent

Name

W.C. Grimsby Jr

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

7911 Thomas Drive

Suite, Apt. #, Etc.

City

Panama City Bc

State

FL

Zip Code

32408

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

W.C. Grimsby Jr

REGISTERED AGENT MUST SIGN

Date 7-14-08

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	W.C. Grimsby Jr	7911 Thomas Dr	Panama City Bc, FL
D	Rodney Faircloth, Trustee	460 Harrison Ave	Panama City FL
D	Randall Lewis, Trustee	460 Harrison Ave	Panama City FL

10. 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 contained in Chapter 119, 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:

W.C. Grimsby Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-14-08

Date

850-235-8036

Daytime Phone #

REINSTATEMENT 05-08

**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

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.