PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC 17 AM 11:10

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

600025512636
12/17/03-01004--002 **236.25

REINSTATEMENT 03

DOCUMENT # N99000007311

1. Corporation Name

Seabonay Beach Resort Owners Association Inc.

2. Principal Office Address	3. Mailing Office Address
1159 Hillsboro Mile	same
Suite, Apt. #, etc.: #319	Suite, Apt. #, etc.:
City & State: Hillsboro Beach, Fl.	City & State:
Zip: 33062 Country: U.S.	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: December 13, 99

5. FEI Number: Applied For ☐ Not Applicable ☒

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Steve Reynolds

Street Address (P.O. Box Number is Not Acceptable): 1159 Hillsboro Mile

Suite, Apt. #, Etc.:

City: Hillsboro Beach | State: FL | Zip Code: 33062

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: Steve Reynolds Date: 2 Dec 03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
P/D	Steve Reynolds	1159 Hillsboro Mile	Hillsboro Beach,Fl. 33062
VP/D	Catherine Miller	same	same
S/T/D	Michael Hager	same	same

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 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: Steve Reynolds 2 Dec 03 954-427-1720

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #