

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000120931

1. Corporation Name

SEAGROVE BEACH PROPERTIES, INC.

7/16/2000/0232

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

9955 E Co Hwy 30A

Suite, Apt. #, etc.

Suite 205

City & State

Panama City Beach, FL

Zip

32413

Country

USA

3. Mailing Office Address

PO Box 4738

Suite, Apt. #, etc.

City & State

Seaside, FL

Zip

32459

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/27/2003

5. FEI Number

200349881

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

SHANNON L. WIDMAN

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

600 GRAND BOULEVARD

Suite, Apt. #, Etc.

#205

City

DESTIN

State

FL

Zip Code

32550

☒ 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.

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

*Shannon L. Widman*

REGISTERED AGENT MUST SIGN

Date

2/23/10

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	RITA BOTTEMS	9955 E CO HWY 30A #205	PANAMA CITY BEACH, FL 32413
			200170695742 03/09/10--01013--008 **150.00
		REINSTATEMENT	08-10
			RLK

10. E-mail Address: PORATH.LAW@GMAIL.COM

(To be used for future annual report notification)

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. I further certify, 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:

*Rita Bottems*

RITA BOTTEMS

2/23/10

850-830-6655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #