

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

00 MAR 17 PM 1:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **7980000 22949**

1. Corporation Name

SPANISH KEY CONDOMINIUM DEVELOPMENT CO., INC.

2. Principal Office Address

192 PALAFOX STREET

3. Mailing Office Address

192 PALAFOX STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PENSACOLA, FLORIDA

City & State

PENSACOLA, FLORIDA

Zip

32501

Country

U.S.

Zip

32501

Country

U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

MARCH 10, 1998

5. FEI Number

59-3500987

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ YES

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

LAWRENCE C. SCHILL

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

25 WEST CEDAR STREET

Suite, Apt. #, Etc.

4th FLOOR

City

PENSACOLA

State  
FL

Zip Code  
32501

600003226106-1  
-04/27/00-01012-024  
\*\*\*\*\*500.00 \*\*\*\*\*900.00

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 3/16/00

**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
VP	J. COLLIER MERRILL	192 PALAFOX STREET	PENSACOLA, FL 32501
P	WILLIS C. MERRILL, III	192 PALAFOX STREET	PENSACOLA, FL 32501
S/T	BURNEY H. MERRILL	192 PALAFOX STREET	PENSACOLA, FL 32501

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/00  
Date

8504380955  
Daytime Phone #