

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT -1 AM 10:51

DOCUMENT # P98000022949

1. Corporation Name

*SPANISH KEY CONDOMINIUM DEVELOPMENT
COMPANY, INC.*

2. Principal Office Address

226 S. PALAFOX

Suite, Apt. #, etc.

6th FLOOR

City & State

PENSACOLA, FL

Zip

32501

Country

3. Mailing Office Address

P.O. BOX 710

Suite, Apt. #, etc.

City & State

PENSACOLA FL

Zip

32543-0710

Country

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/10/98

5. FEI Number

593500987

Applicable
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

LAWRENCE C. SCHILL

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

226 S. PALAFOX STREET

100004627991

Suite, Apt. #, Etc.

6th FLOOR

-10/09/01--01011--017

*****750.00 ****750.00*

City

PENSACOLA

State
FL

Zip Code

32501

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

REGISTERED AGENT MUST SIGN

Date *9/28/01*

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/D	J. COLLIER MERRILL	226 S. PALAFOX ST. 6th FLOOR	PENSACOLA, FL 32501
P/D	BURNEY H. MERRILL	226 S. PALAFOX ST.	"
VP/D	WILLIS C. MERRILL, III	226 S. PALAFOX ST.	"
VP	TRACY A. REYNOLDS	226 S. PALAFOX ST.	"

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850438 0955

CR2E081 (9/00)