

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC -2 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000063973**

1. Corporation Name

SANTA ROSA BEACH DEVELOPMENT CORP I

Principal Place of Business

Mailing Address

~~800 WEST PEACHTREE STREET SUITE 1200~~
~~ATLANTA GA 30308~~

~~800 WEST PEACHTREE STREET SUITE 1200~~
~~ATLANTA GA 30308~~



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

13601 Perdito Key Drive

13601 Perdito Key Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Pensacola, FL 32507

City & State
Pensacola, FL 32507

Zip
Country USA

Zip
Country USA

REINSTATEMENT 99

4. Date Incorporated or Qualified
To Do Business in Florida

07/17/1998

5. FEI Number

Applied For
☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Add to each fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PRES	Fred S. Zohouri	600 West Peachtree St, #1200	Atlanta, GA 30308
VP	George O. Rethati	13601 Perdito Key Drive	Pensacola, FL 32507

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-12/15/99--01016--012
*****750.00 ***750.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROSEN, MARK L ESQUIRE
1380 NORTHEAST MIAMI GARDENS DR
SUITE 246
NORTH MIAMI BEACH FL 33179

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State
FL
Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

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 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
Fred S. Zohouri, President

Date

Daytime Phone #

KE