PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

🚧 🚶 🛎 DIVISION OF CORPORATIONS

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721282

1. Corporation Name

OCEAN PALM VILLA ASSOCIATION, INC.

Principal Place of Business

Mailing Address

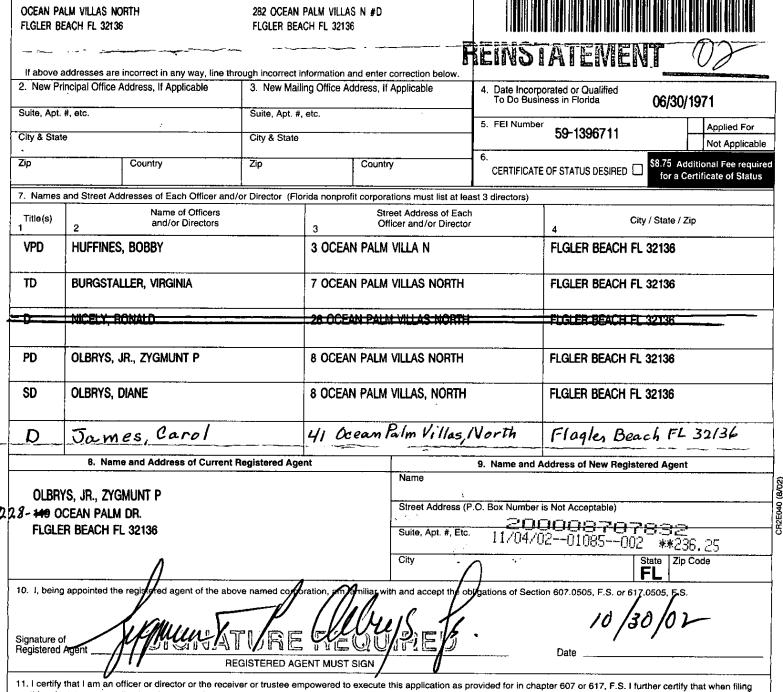
OCEAN PALM VILLAS NORTH

SIGNATURE:

282 OCEAN PALM VILLAS N #D

SEGRETARY OF STATE OLVISION OF CORPORATIONS

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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

10/30/02 (386) 439-2449

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Virginia BurgsTaller