

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 NOV 21 PM 12:32

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **729879**

1. Corporation Name

EARMAN VILLAS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~510 PROSPERITY FARMS RD.~~
 NORTH PALM BEACH FL 33408

~~510 PROSPERITY FARMS RD.~~
~~NORTH PALM BEACH FL 33408~~



REINSTATEMENT 02

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

4. Date Incorporated or Qualified To Do Business in Florida

05/29/1974

Suite, Apt. #, etc.

809 Hummingbird Way, # 1C

City & State
 North Palm Beach, FL

Zip
 33408

Country

Suite, Apt. #, etc.

185 E Indiantown Rd, Ste 127

City & State
 Jupiter FL

Zip

33477

Country

5. FEI Number

59-1650090

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional 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
D	JENKINS, GEROLYN	813 HUMMINGBIRD WAY @ 0A	NORTH PALM BEACH FL 33408
PD	MORRIS, ARTHUR	809 HUMMINGBIRD WAY @ 1C	N PALM BEACH FL 33408
SD	PLANKI, KELLY	805 HUNNINGHIRD WAY @ 8D	N. PALM BEACH FL 33408
VD	PADOWITZ, ADAM	110 SHERWOOD CIRCLE	JUPITER FL 33458
D	Sorge Donald	510 Prosperity Fms. Rd # 1B	N. Palm Beach FL

8. Name and Address of Current Registered Agent

PAPAGEORGE, TERRI
 C/O ACCOUNTING DEPT., INC.
 185 EAST INDIANTOWN RD., STE. 127
 JUPITER FL 33477

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

200009144632

City

11/21/02

01026

State

Zip Code

FL

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. or 617.0505, F.S.

Signature of Registered Agent

Terris Papageorge SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-31-02

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:

Arthur Morris SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/31/02

Daytime Phone #

CR2E040 (8/02)