

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED

00 APR -4 PM 2: 58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

744461

1. Corporation Name

The Blue Heron Cottages Association, Inc

Mailing Address

Principal Place of Business

PO Box 691  
Indian Rocks Beach, FL  
33785

990 Gulf Blvd  
Indian Rocks Beach  
FL 33785

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

2. New Mailing Address, if Applicable

3. New Principal Office Address, if Applicable

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida

10/04/1978

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3402282

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

\$875 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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres	GARY Henkel	12010th AVE	Indian Rocks Beach, FL 33785
VP	LAURA Crandall Tilly	5330 Epping Lane	Zephyrhills FL 33541
Sec	Dolores Vargas	30114th AVE	Indian Rocks Beach, FL 33785

000003245060-3  
-05/09/00--01099--011  
\*\*\*\*428.00 \*\*\*\*428.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name Michael J. Brudny

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

One Urban Centre 4830 W. Kennedy Blvd

Suite, Apt. #, Etc.

Suite 985

City

Tampa Florida

State

FL

Zip Code

33609-2574

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

3/15/00

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box  (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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]*  
GARY Henkel, President

3/6/2000

777 960 7737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2000 (8/9)