

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 OCT 25 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 744461

1. Corporation Name
THE BLUE HERON COTTAGES ASSOCIATION, INC.

Principal Place of Business
990 GULF BLVD.
INDIAN ROCKS BEACH FL 33785
US

Mailing Address
PO BOX 681
INDIAN ROCKS BEACH FL 33785
US



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		10/04/1978	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number		Applied For	
City & State		City & State		59-3402282		Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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
PD	HENKEL, GARY	120 10TH AVENUE	INDIAN ROCKS BCH FL
DV	CRANDALL TILLY, LAURA	5330 EPPING LANE	ZEPHRYHILLS FL
DS	VERGES, DOLORES	301 14TH AVENUE	INDIAN ROCKS BEACH

R10/30

000008599590
10/25/02-01109-001 **\$1.25

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
BRUDNY, MICHAEL J 4830 W. KENNEDY BLVD. ONE URBAN CENTRE, SUITE 985 TAMPA FL 33609-2574		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		Suite, Apt. #, Etc.			
		City		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 _____ **SIGNATURE REQUIRED** _____ Date _____
REGISTERED AGENT MUST SIGN

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 REQUIRED** _____ *10/23/02* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/02)

Dear Sir

Thank you for our conversation
this morning to confirm that
I didn't receive the form for
the document for our cooperation
as following your instruction
I am sending the necessary
renewal fee.

Thank you

Delan Singh