

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 751528

1. Corporation Name

PALM AIRE HOME OWNERS' ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 391
TALLEVAST FL 34270

Mailing Address

P.O. BOX 391
TALLEVAST FL 34270



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/12/1980	
City & State		City & State		5. FEI Number	
Zip		Country		59-2223334	
				Applied For	
				Not Applicable	
				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
PSD P	O'LEARY, TIMOTHY J. Skoglund, Leonard	4891 W COUNTRY CLUB DR. 8065 Estates Dr.	SARASOTA FL 34243
VD V	LAGEY, WILLIAM McFarlane, Bill	5108 INVERNESS 8061 Estates Dr	SARASOTA FL 34243
PS D	QUINN, HERBERT	5113 ESTATES CIRCLE	SARASOTA FL 34243
D	Sampson, Harry	7903 Cypress Lake DR	SARASOTA, FL 34243
D T	VAN NORT, JOHN Spear, Susan	4988 W COUNTRY CLUB DR. 8069 Estates Dr.	SARASOTA FL 34243
D	SKOGLUND, LUCINDA	8065 ESTATES DR	SARASOTA, FL 34243

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

O'LEARY, TIMOTHY J. 4891 W COUNTRY CLUB DR. SARASOTA FL 34243	Name Stephen W. Thompson, Esq. Street Address (P.O. Box Number is Not Acceptable) 1205 Manatee Avenue West Suite, Apt. #, Etc. 900003222099-9 -04/25/00-01010-013 City Bradenton ****297 FL 34205
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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 *STEPHEN W. THOMPSON* REGISTERED AGENT MUST SIGN Date 2-17-00

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: LEONARD SKOGLUND SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 2-18-00 Daytime Phone # 941-355-5591

CR2E040 (8/99)