

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 762761

1. Corporation Name

ALLANS SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~285 ALLAN LANE~~
MELBOURNE BCH FL 32951

~~285 ALLAN LANE~~
MELBOURNE BCH FL 32951

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/06/1982

5. FEI Number

59-2513974

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	State / Zip
1	2	3	
D	BAYLE, GAYLE	285 ALLAN LANE 265	MELBOURNE BEACH FL 32951
DP	BAYLE, PHILLIP C	285 ALLAN LANE	MELBOURNE BEACH FL
D	GROVER, WANDA LINDA	285 ALLAN LANE 205	MELBOURNE BEACH FL
D	WANDA GROVER NORMAN, STACY	285 ALLAN LANE	MELBOURNE BEACH FL
DS	FINLEY, MRS JOSEPH M	3170 S HIGHWAY A1A	MELBOURNE BEACH FL
	KENT, MILDRED deceased	285 ALLAN LANE	MELBOURNE BEACH FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KENT, MILDRED E 285 ALLAN LANE MELBOURNE FL 32951	Name Robert W. WATTS, Esq. Street Address (P.O. Box Number is Not Acceptable) 1686 W. H. BISCOS BLVD Suite, Apt. #, Etc. City MELBOURNE State FL Zip Code 32901
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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

[Signature]
REGISTERED AGENT MUST SIGN

Date 4/3/01

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PHILIP C. BAYLE PRESIDENT, ASHQA INC.

Date

Daytime Phone #

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-04/23/01--01005--030
***297.50 ***297.50

4/02/01 321 729-4340
321 725-5869

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