

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

97 OCT 30 PM 3: 26
 H 1030

DOCUMENT # 765864

1. Corporation Name
C. H. BEACH RESORT CONDOMINIUM ASSOCIATION, INC

Principal Place of Business Mailing Address
100 CORONADO AVENUE 100 CORONADO AVENUE
CLEARWATER FL 34630 CLEARWATER FL 34630



REINSTATEMENT 99

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.		11/23/1982	
City & State		City & State		5. FEI Number 58-1456448	
Zip		Country		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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	MARKOPOULUS, ANGELO	630 HARBOR IS.	CLEARWATER FL 34630
VD	VASILOPPULOS, KOSTAS	460 ISLAND WAY	CLEARWATER FL 34630
SD	TSIMOURIS, MARIA	1899 MOURNING DOVE DR.	PALM HARBOR FL 34683
D	ROLLER, RICHARD	1853 OAKDALE LANE S	CLEARWATER FL 34625
D	REED, JIM	6349 10TH AVE., S.	GULFPORT FL 33707
D	MAXWELL, DAN	3204 HILLTOP LANE	LARGO FL 34640

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
STACK, JAMES A ESQ. 121 N. OSCEOLA AVE. SECOND FLOOR CLEARWATER FL 34615		Name 700002341817--4			
		Street Address (P.O. Box Number is Not Accepted) 119797--01031--001			
		Suite, Apt. #, Etc. ***236.25 ***236.25			
		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.

Signature of Registered Agent Date _____

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on Intangible tax.)

12. 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: **ANGELO MARKOPOULOS** Date **10/20/92** Daytime Phone # **813 447 8444**

CR2E090 (8/97)