

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

AND FILED

98 NOV 23 AM 11:56

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **767572**

1. Corporation Name

HOLIDAY ESTATES, THIRD ADDITION, HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1575 SANDERLING DR.
 ENGLEWOOD FL 34224

1575 SANDERLING DR.
 ENGLEWOOD FL 34224



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

REINSTATEMENT 98

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

03/21/1983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2386435

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	City, State, Zip
P	MCINROY, THOMAS E.	1405 SANDERLING DR	ENGLEWOOD, FL 00000
VP	WILLIAMS, FRANCES	1592 BLUE HERON DR	ENGLEWOOD FL
S	SIGNOR, MARGARET	1544 BLUE HERON DR	ENGLEWOOD, FL 00000
T	SCHULER, JEAN Krol Florence	1588 SANDERLING DR 1296 Blue Heron Dr.	ENGLEWOOD FL
D	MATE, GLADYS Shoup Paul	2738 Tanager Ln 1368 Sanderling	ENGLEWOOD FL
D	BROWN, JOHN Karns Robert	2738 Tanager Ln 1390 Blue Heron Dr.	ENGLEWOOD FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

R. WILLIAM WELLBAUM, JR.
 350 INDIANA AVE. S.
 ENGLEWOOD FL 33533

Name

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

Suite, Apt. #, Etc.

City

ENGLEWOOD

State

FL

Zip Code

34223

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

R. William Wellbaum, Jr.
 REGISTERED AGENT MUST SIGN

Date

11-18-98

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)(l), 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:

Thomas E. McInroy
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/18/98

Daytime Phone #

941 475-6014

CR2E040 (8/98)