

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

[Handwritten signature]



REINSTATEMENT 00

DOCUMENT # **767928**

1. Corporation Name

SARASOTA WINDMILL VILLAGE SOUTH CIVIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3000 TUTTLE AVE.
 SARASOTA FL 34234
 US

3000 TUTTLE AVE.
 SARASOTA FL 34234
 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

04/13/1983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip Country

Zip Country

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	City & State
VD	SHIPLEY, BARBARA DAWN Hryer	2802 PALM LAKE DR 3209 Bay Aristocor	SARASOTA FL 34236
AS	HAIN, MARY MORRIE DOWNING	3103 BAY OAKS DRIVE 2993 Regency Cove	SARASOTA FL 34234
TD	SAMPERY, MILDRED	2948 REGENCY COVE	SARASOTA FL
D	DOWNING, DONALD	2993 REGENCY COVE	SARASOTA FL 34234
D	MARGARET LAWRENCE	2988 Regency Cove	Sarasota FL 34234

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8. Name and Address of Current Registered Agent

SHOUP, MARY MARGARET
 2962 HILLCREST DR
 SARASOTA FL 34234

9. Name and Address of New Registered Agent

Name: Margaret Lawrence
 Street Address (P.O. Box Number is Not Acceptable): 2988 Regency Cove
 Suite, Apt. #, Etc.: Sarasota FL 34234
 City: Sarasota State: FL Zip Code: 34234

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: *Margaret R. Lawrence*
 REGISTERED AGENT MUST SIGN

Date: 10/28/01

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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: *Margaret R. Lawrence* Margaret R. Lawrence 10/28/01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 940 360.0819

CR2E040 (8/00)