

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

96 DEC 27 AM 10: 2-

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 769658
1 Corporation Name

LAKE TARPON SAIL AND TENNIS CLUB 111
CONDOMINIUM ASSOCIATION, INC

Principal Place of Business	Mailing Address
SPROWLS, JOSEPH D. C/O PREMIERE MANAGEMENT 40347 US 19 NORTH, STE 113 TARPON SPRINGS, FL 34689	SPROWLS, JOSEPH D C/OPREMIERE MANAGEMENT 40347 US 19 NORTH, STE 113 TARPON SPRINGS, FL 34689

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

REINSTATEMENT

96000

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/02/1983	
City & State		City & State		5. FEI Number	
Zip		Country		59-2938772	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
				Applied For	
				Not Applicable	

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	HERBERT HAWBECKER	90 HIGHLAND AVENUE	TARPON SPRINGS, FL
PD	JUNE MC FARLAND	90 HIGHLAND AVENUE	TARPON SPRINGS FL
SD	CAROL WEAVER	90 HIGHLAND AVENUE	TARPON SPRINGS FL
D	DICK GOODWIN	90 HIGHLAND AVENUE	TARPON SPRINGS FL
D	JAMMIE AUSTIN	90 HIGHLAND AVENUE	TARPON SPRINGS FL
D	EILEEN MESSINA	90 HIGHLAND AVENUE	TARPON SPRINGS FL

8. Name and Address of Current Registered Agent		9. Name and Address of Now Registered Agent	
PREMIERE MANAGEMENT SPROWLS, JOSEPH D 40347 US 19 NORTH, SUITE 113 TARPON SPRINGS, FL 34689		Name SPROWLS, JOSEPH D Street Address (P.O. Box Number is Not Acceptable) 40347 US 19 NORTH Suite, Apt. #, Etc. 113 City TARPON SPRINGS	
		600002044326--7 -01/03/97--01061--001 ***244.00 FL ***244.00 34689	

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: Joseph D Sprowls Date: 12/13/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Joseph D Sprowls Date: 12/13/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #