


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 OCT 24 PM 1:52

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N02000001638**

1. Corporation Name
WATER'S EDGE SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7581 CAPE SAN BLAS RD PORT ST JOE FL 32456	7581 CAPE SAN BLAS RD PORT ST JOE FL 32456

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		03/04/2002
5. FEI Number	Applied For	
73-1658532	Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> 58.75 Additional Fee required for a Certificate of Status		

REINSTATEMENT 03



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 10/24/03--01046--006 **236.25

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	4 City / State / Zip
D Pres.	PIERGIOVANNI, DALE	7581 CAPE SAN BLAS RD	PORT ST JOE FL 32456
D	PIERGIOVANNI, DALE A	7583 CAPE SAN BLAS RD	PORT ST JOE FL 32456
D V. Pres.	PIERGIOVANNI, DEAN C	7583 CAPE SAN BLAS RD	PORT ST JOE FL 32456
D	WEART, WICKI	5420 LBJ FREEWAY STE 660	DALLAS TX 75240
Sec/Trea.	Taylor, Libia	1401 Constitution Drive	Port St. Joe, FL 32456

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
PIEGIOVANNI, DALE 7581 CAPE SAN BLAS RD PORT ST JOE FL 32456		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State 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. or 617.0505, F.S.

Signature of Registered Agent *Dale Piergiovanni* Date 10/14/03
 REGISTERED AGENT MUST SIGN

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: *Dale Piergiovanni* Date 10/14/03
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (7/03)