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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 NOV 10 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # N02000008080

1. Corporation Name

HIDDEN LAGOON AT TROPICAL SHORES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5104 - 54TH ST. WEST  
BRADENTON FL 34210

5104 - 54TH ST. WEST  
BRADENTON FL 34210

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

10/22/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

City & State

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	JAY, STANLEY B	5104 - 54TH ST. WEST	BRADENTON FL 34210
VD	MUNN, FRED	908 - 40TH AVE. WEST	BRADENTON FL 34205
SD	GARRITY, JOHN J	5311 - 52ND AVE. WEST	BRADENTON FL 34210
TD	MUNN, FRED	908 - 40TH AVE. WEST	BRADENTON FL 34205

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THOMPSON, STEPHEN W  
1205 MANATEE AVE. WEST  
BRADENTON FL 34205

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

10.28.03

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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10.28.03

941.748.3770

CFR2040 (7/03)

