

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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



FILED
 99 AUG 11 PM 3: 32
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **NO3489**
 1. Corporation Name
2087 EDGEWATER CONDOMINIUM ASSOCIATION, INC

Principal Place of Business Mailing Address
2087 EDGEWATER DRIVE - Apt. C
CLEARWATER, FL 33755

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
6-7-84
 5. FEI Number
59-2891532
 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
PD	Joi C. LENCE	2087 EDGEWATER DRIVE APARTMENT D	CLEARWATER, FL 33755
TD	JACQUELINE B. REBER	2087 EDGEWATER DRIVE APARTMENT C	CLEARWATER, FL 33755
VD	John GARRISON	2087 EDGEWATER DRIVE APARTMENT E	CLEARWATER, FL 33755

REINSTATEMENT
 900002618259--3
 -08/18/98--01007--002
 ***358.75 ***358.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent
 Name: **Joi C. Lence**
 Street Address (P.O. Box Number is Not Acceptable): **2087-D EDGEWATER DRIVE**
 Suite, Apt. #, Etc.: **Apt. D**
 City: **CLEARWATER** State: **FL** Zip Code: **33755**

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: *Joi C. Lence* REGISTERED AGENT MUST SIGN Date: **6-25-98**

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)(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: *Jacqueline B. Reber, Treasurer* Aug 6, 1998 727-442-1221
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JACQUELINE B. REBER Date Daytime Phone #

CP2E040 (1-98)