

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 15 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N-15910**

1. Corporation Name
**North Village of Pinellas County
Condominium Association, Inc.**

2. Principal Office Address

5922 9 Ave N
Suite, Apt. #, etc.

3. Mailing Office Address

5922 9 Ave N
Suite, Apt. #, etc.

REINSTATEMENT 01-04

City & State

St Petersburg, FL

City & State

St. Pete, FL

Zip

33710

Country

Pinellas

Zip

33710

Country

Pinellas

4. Date Incorporated or Qualified
To Do Business in Florida

7/17/86

5. FEI Number

592382132

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

All County Property Management & Realty, Inc.

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

5922 9 Ave N

Suite, Apt. #, Etc.

500841984865
10/15/04--01070--002 **420.00

City

St Petersburg

State

FL

Zip Code

33710

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/13/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Hermann Flachsmann	5922 9 Ave N	St. Pete, FL 33710
Sec	Elisabeth Flachsmann	5922 9 Ave N	St Pete, FL 33710
Tres	Tom Chancey	5922 9 Ave N	St Pete, FL 33710

[Signature]

10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

10/13/04

Daytime Phone #

727-541-2528

CR2E081 (01/04)