

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
97 MAR 31 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N26422

1. Corporation Name
THE PAVILLIONS AT BALLAST POINT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 6306 S. MACDILL AVENUE TAMPA FL 33611-3493	Mailing Address 6306 S. MACDILL AVENUE TAMPA FL 33611-3493
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REINSTATEMENT *96-97*

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 05/27/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2849962	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	CHAPMAN, JACQUELINE M.	6306 S. MACDILL AVENUE	TAMPA FL
D	KELLEHER, JAMES	6306 S. MACDILL AVENUE	TAMPA FL
D	KELLEHER, THOMAS	6306 S. MACDILL AVENUE	TAMPA FL
D	KELLEHER, KATHLEEN	6306 S MACDILL AVE	TAMPA FL

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JB 3-31-97

8. Name and Address of Current Registered Agent CHAPMAN, JACQUELINE M. 6306 S. MACDILL AVE. TAMPA FL 33611		9. Name and Address of New Registered Agent		
		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.

Signature of Registered Agent *Jacqueline M. Chapman* Date *3/26/97*
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 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 M. Chapman* President 3/26/97 (813) 837-6069
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/96)