

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

1997 APR 14 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N28624

1. Corporation Name

THE ALICANTE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
C/O JOSEPH F. LO BELLO

3. New Mailing Office Address, If Applicable
C/O JOSEPH F. LO BELLO, CPA

4. Date Incorporated or Qualified To Do Business in Florida 09/29/88

Suite, Apt. #, etc
1642 Dorchester Place

Suite, Apt. #, etc
1642 Dorchester Place

5. FEI Number
65-0147229

Applied For
Not Applicable

City & State
Wellington, FL

City & State
Wellington, FL

Zip
33414

Country
USA

Zip
33414

Country
USA

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	2	3	4
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
D/R	SIEHEN L. SHULMAN	307 ALICANTE DRIVE	JUNO BEACH, FL 33408
D	WILLIAM L. CLARK	311 ALICANTE DRIVE	JUNO BEACH, FL 33408
D	DANIEL CORBETT	303 ALICANTE DRIVE	JUNO BEACH, FL 33408

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04/15/97-01084-009
****603.75 ****603.75

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
JOHN DUSTIN

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

Suite, Apt. #, Etc.

City
JUNO BEACH

State
FL

Zip Code
33408

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of Registered Agent: *John Dustin*
REGISTERED AGENT MUST SIGN

Date: 4/4/97

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: *Daniel Corbett*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/9/97 (561) 6245600
Daytime Phone #

CR2E040 (12/96)