

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN 27 AM 8:42

SECRETARY OF STATE
TALLAHASSEE FLORIDA

APPLICATION
FOR
REINSTATEMENT

DOCUMENT # N30361

1. Corporation Name

QUAIL RIDGE MASTER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1050 A ELW PKWY
OLDSMAR FL 34677

1050 A ELW PKWY
OLDSMAR FL 34677



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

01/26/1989

40 Professional Condo Concepts

2181 Indian Rocks Rd S

2181 Indian Rocks Rd S

2181 Indian Rocks Rd S

5. FEI Number

59-3019686

Applied For

Not Applicable

City & State
Largo, FL

City & State
Largo, FL

Zip
33774

Country
USA

Zip
33774

Country
USA

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
DP	DARVISH, MEHRDAD	12830 SHADY HILLS RD.	SPRING HILL FL 34610
DP	MARLOWE, MICHAEL	12830 SHADY HILLS RD.	SPRING HILL FL 34610
ST	MEYERS, RUTH J	12836 SHADY HILLS RD	SPRING HILL FL 34610
VPD	MULL, GARY	12332 Shady Hills Rd.	Spring Hill, FL

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SLANNAVINO, DOMINICK
1050 A ELW PKWY
OLDSMAR FL 34677

Name
Nikki McConnell

Street Address (P.O. Box Number is Not Acceptable)
2181 Indian Rocks Rd S.

Suite, Apt. #, Etc.

City
Largo, FL

State
FL

Zip Code
33774

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

[Signature]
SIGNATURE REQUIRED

Date 12/3/02

REGISTERED AGENT MUST SIGN

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)(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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/03

Date

Daytime Phone #

CR2E040 (8/02)