

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
00 MAR 30 PM 2:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N 32504

1. Corporation Name  
**EAGLE COVE COMMUNITY ASSOCIATION, INC.**

W-7000

2. Principal Office Address  
**251 WINDOWARD PASSAGE**

3. Mailing Office Address  
**251 WINDOWARD PASSAGE**

Suite, Apt. #, etc.  
**SUITE F**

Suite, Apt. #, etc.  
**SUITE F**

City & State  
**CLEARWATER, FL.**

City & State  
**CLEARWATER, FL.**

Zip Country  
**33767 USA**

Zip Country  
**33767 USA**

**REINSTATEMENT** 918-00

4. Date Incorporated or Qualified To Do Business in Florida **SP**

5. FEI Number **59-2949570** 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  
**JIM NOBLES MANAGEMENT, INC.**

Street Address (P.O. Box Number is Not Acceptable)  
**251 WINDOWARD PASSAGE 500003202575-6**

Suite, Apt. #, Etc.  
**SUITE F -04/11/00--01006--021  
\*\*\*\*358.75 \*\*\*\*358.75**

City State Zip Code  
**CLEARWATER FL 33767**

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]** Date **3-3-00**  
REGISTERED AGENT MUST SIGN

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
P/D	JOAN HUBBARD	4033 EAGLE COVE W.	PALM HARBOR, FL. 34685
S/D	LORI MOLINARI	3594 EAGLE COVE E	PALM HARBOR, FL. 34685
D	PETER LENHARDT	4019 EAGLE COVE W	PALM HARBOR, FL. 34685

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]** Date **3-14-00** 727-441-1454  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (9/99)