

APR 27
AND
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07 APR 2007 11:38:03

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

192

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N34126

1. Corporation Name

Southchase-East Property Owners' Association, Inc.

REINSTATEMENT

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 APR 27 AM 8:48

APPROVED
AND
FILED

2. Principal Office Address - No P.O. Box #
400 N. Ashley Drive

3. Mailing Office Address
400 N. Ashley Drive

Suite, Apt. #, etc.
Suite 3010

Suite, Apt. #, etc.
Suite 3010

City & State
Tampa, FL

City & State
Tampa, FL

Zip Country
33602 US

Zip Country
33602 US

4. Date Incorporated or Qualified To Do Business in Florida 9/12/1989

5. FEI Number
59-3021744

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Dawn M. Lemons

Street Address (P.O. Box Number is Not Acceptable)
400 N. Ashley Drive

Suite, Apt. #, Etc.
Suite 3010

City
Tampa

State Zip Code
FL 33602

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Dawn M. Lemons

REGISTERED AGENT MUST SIGN

Date 4/26/07

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	John H. Bray	400 N. Ashley Drive, Suite 3010	Tampa, FL 33602
VDS	John C. Troutman	4100 Newport Place, Suite 800	Newport Beach, CA 92860
VDT	Dawn M. Lemons	400 N. Ashley Drive, Suite 3010	Tampa, FL 33602

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 contained in Chapter 119, 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:

Dawn M. Lemons

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/07

Date

813-286-4140

Daytime Phone #

To: FL Dept. of State
Subject: 001619.67560

From: Katie Wonsch

Friday, April 27, 2007 4:20 PM Page: 1 of 2

Florida Department of State
Division of Corporations
Public Access System

202

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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

CORPORATION REINSTATEMENT

SOUTHCHASE-EAST PROPERTY OWNERS' ASSOCIATION, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
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Corporate Filing Menu

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