


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>NEW 007</i>			
1. Corporation Name Sun Terrace at the Lakes Homeowners Association, Inc. <i>11099 NW 115 73</i>			
Principal Place of Business 1210 N.W. Sun Terrace Cir. Port St. Lucie, FL 34986		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 Suite, Apt #, etc City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt #, etc City & State Zip Country	
		4. Date Incorporated or Qualified To Do Business in Florida 2/12/90	
		5. FEI Number 65-0172403	
		Applied For <input type="checkbox"/> Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input checked="" 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	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
Pres./D	John Brack	1256D NW Sun Terrace Cir.	St. Lucie West, FL 34986
V.P./D	Ronald Nickel	1208D NW Sun Terrace Cir.	St. Lucie West, FL 34986
Sec./D	Scott Duckson	1217A NW Sun Terrace Cir.	St. Lucie West, FL 34986
Treas./D	Beverly Epstein	1222D NW Sun Terrace Cir.	St. Lucie West, FL 34986
Dir.	Al Kirchner	1244B NW Sun Terrace Cir.	St. Lucie West, FL 34986
8. Name and Address of Current Registered Agent Harold Marcus 1258A NW Sun Terrace Circle Port St. Lucie, FL 34986		9. Name and Address of New Registered Agent Name Howard E. Googe, Jr. Street Address (P.O. Box Number is Not Acceptable) 401 E. Osceola Street Suite, Apt #, Etc City Stuart State FL Zip Code 34994	
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: <i>Howard E. Googe</i> REGISTERED AGENT MUST SIGN		Date: 5-18 1999	

REINSTATEMENT 97-91

300002886013-5
-05/25/99-01073-011
****367.00 ***367.00*

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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)(a), F.S. The information and data on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *John Brack* John Brack *5/18/99* 1999 561-343-7226
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR