

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV -9 PM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N41855

1. Corporation Name

East Village Coast Owners
Assoc. Inc

JD
11-13-09

100162638721
11/09/09--01060--004 **122.50

2. Principal Office Address- No P.O. Box #

3. Mailing Office Address

1455 Quail Lake Dr

REINSTATEMENT 08-09

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

City & State

City & State

Venice, FL

5. FEI Number

65-0254032

Applied For
 Not Applicable

Zip Country

Zip Country
34293 USA

6. CERTIFICATE OF STATUS DESIRED \$8.75 additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Barbara A. Scott

Street Address (P.O. Box Number is Not Acceptable)
1455 Quail Lake Dr

Suite, Apt. #, Etc.

City
Venice

State
FL

Zip Code
34293

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 section 617.0503, F.S.

Signature of Registered Agent Barbara A. Scott
REGISTERED AGENT MUST SIGN

Date 11-6-09

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
DP	Hank Sonnabend	620 Lakescene Dr	Venice, FL 34293
DV	Robert Bickel	3148 Heron Shores Dr	Venice, FL 34293
DST	Barbara A. Scott	1455 Quail Lake Dr	Venice, FL 34293

10. E-mail Address: bndscott@comcast.net

(To be used for future annual report notifications)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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. I further certify 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:

Barbara A. Scott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-6-09

Date

Daytime Phone#