

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY -8 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N 42392**

1. Corporation Name
**Ocean Pearl's Homeowners
Association Inc.**

2. Principal Office Address
3240 Cardinal Dr.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

200

City & State
Vero Beach FL

City & State

Zip Country
32963 U.S.A.

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida **01-22-1999**

5. FEI Number **65-0567938**
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 **Schlitt Property Management, Inc.**
Street Address (P.O. Box Number is Not Acceptable) **3240 Cardinal Dr.**
Suite, Apt. #, Etc. **200**
City **Vero Beach** State **FL** Zip Code **32963**
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05/08/03--01014--024 **297 50

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 **4-23-03**
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
PD	Lindsay Commerford	3240 Cardinal Dr. sb. 200	Vero Beach FL 32963
PVD	Don Mann	300 N. Blue Wave Lane	Vero Beach FL 32963
TD	Lawrence Castleman	360 North Blue Wave ^{lane}	Vero Beach FL 32963

REINSTATEMENT 02-03 TS

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]* **LINDSAY Commerford** Date **4-23-03** Daytime Phone # **772-234-9935**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)