

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N49258**

1. Corporation Name
STUART-TRADE CENTER PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
3121 SE WAALER STREET STUART FL 34997 US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable: **9011 SW Old Kansas Ave Stuart, FL 34997 USA**
3. New Mailing Office Address, If Applicable: **9011 SW Old Kansas Ave Stuart, FL 34997 USA**

REINSTATEMENT 98-99 2/15/99
4. Date Incorporated or Qualified To Do Business in Florida: **06/08/1992**
5. FEI Number: **NOT APPLICABLE**
6. CERTIFICATE OF STATUS DESIRED \$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)

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
PD	RICE, CRAIG	9011 SW OLD KANSAS AVE	STUART FL
VD	TIEMEYER, THEODORE N	10760 SW 254 STREET	MIAMI FL 33032
STD	SAMPSON, DOUGLAS	8851 SW OLD KANSAS AVENUE	STUART FL 34997

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8. Name and Address of Current Registered Agent

RICE, CRAIG
3121 SE WAALER STREET
STUART FL 34997

9. Name and Address of New Registered Agent

Name: **Craig Rice**
Street Address (P.O. Box Number is Not Acceptable): **9011 SW Old Kansas Ave**
Suite, Apt #, Etc:
City: **Stuart** State: **FL** Zip Code: **34997**

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: *Craig Rice* Date: **12-29-98**
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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)(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: *Craig Rice* Date: **12/29/98** Daytime Phone #: **561 283 9197**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (9/98)