


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 NOV -1 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N49258 1. Corporation Name STUART TRADE CENTER PROPERTY OWNERS ASSOCIATION, INC			
2. Principal Office Address 9011 SW Old Kansas Ave.		3. Mailing Office Address 9011 SW Old Kansas Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Stuart, Florida		City & State Stuart, Florida	
Zip 34997	Country USA	Zip 34997	Country USA

REINSTATEMENT 02

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name Craig Rice			
Street Address (P.O. Box Number is Not Acceptable) 9011 SW Old Kansas Avenue			
Suite, Apt. #, Etc.			
City Stuart, FL		State FL	Zip Code 34997

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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: *Craig Rice* Date: 10/23/02

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	CRAIG RICE	9011 SW Old Kansas Avenue	Stuart, FL 34997
VPD	DREW POSTON	2504 S.E. Willoughby Blvd.	Stuart, FL 34994
SD	Ralph H. Parks	3 Mindoro Street	Stuart, FL 34996
		<i>[Handwritten Signature]</i>	

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: *Craig Rice Pres.* Date: 10/23/02 (772) 283-9197

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CRAIG RICE, PRESIDENT

Date Daytime Phone #

CR2E081 (9/01)