

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N9300000583**

1. Corporation Name

SEA VILLAS IV CONDOMINIUM ASSOCIATION OF NEW SMYRNA BEACH, INC.

59 JAN 20 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2205 HILL STREET
NEW SMYRNA BEACH, FL
32169

3208 HILL STREET
NEW SMYRNA BEACH, FL
32169

REINSTATEMENT 97-99

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3168788

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	STEVEN P. KOSMAS	3208 HILL STREET	NEW SMYRNA BEACH, FL 32169
VD	COLIN M. KENNOVIN	3208 HILL STREET	NEW SMYRNA BEACH, FL 32169
STD	R. PAUL KOSMAS	3208 HILL STREET	NEW SMYRNA BEACH, FL 32169
			*****61.25 *****61.25
			*****2082.50 *****297.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JAMES M. KOSMAS, P.A.
111 LIVE OAK STREET
NEW SMYRNA BEACH, FL 32168

Name

Street Address (P.O. Box N

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 1-11-99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(Add this signature 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:

Colin M. Kennovin

COLIN M. KENNOVIN 1-11-99

(904) 409-9728

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #