

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

00 DEC -5 PM 2:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N93000000583

**1. Corporation Name**  
SEA VILLAS IV CONDOMINIUM ASSOCIATION OF  
NEW SMY

**2. Principal Office Address**  
2205 HILL STREET

**3. Mailing Office Address**  
6925 LAKE ELLENOR DR.

Suite, Apt. #, etc.  
SUITE 400

City & State  
NEW SMYRNA BEACH, FL

City & State  
ORLANDO, FL

Zip Country  
32169 US

Zip Country  
32809 US

**REINSTATEMENT**

2000

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number** 59-3168788  
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  
KOSMAS, JAMES M.

Street Address (P.O. Box Number is Not Acceptable)  
111 LIVE OAK STREET

Suite, Apt. #, Etc.

City  
NEW SMYRNA BEACH

State Zip Code  
FL 32169

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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 [Signature]  
REGISTERED AGENT MUST SIGN

Date 11/17/2000

**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
VD	KENNOVIN, COLIN M.	3208 HILL STREET	NEW SMYRNA BEACH, FL 32169
VD	DUFFY, TRUDY	3208 HILL STREET	NEW SMYRNA BEACH, FL 32169
STD	MITCHELL, BILL	321 OAK LEAF CIRCLE.	LAKE MARY, FL 32746

LS

**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:** Colin M. Kennovin  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Colin M. Kennovin, President

Date 11/17/2000 Daytime Phone # 904/428-1874

CR2E061 (9/99)