

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

Stamp: MAY -7 PM '99

DOCUMENT # N93000004248

1. Corporation Name: Keystone Park Colony Homeowners Association, Inc.

Principal Place of Business Mailing Address

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

2. New Principal Office Address: P.O. Box 801, Suite, Apt. #, etc. 3. New Mailing Office Address: P.O. Box 801, Suite, Apt. #, etc.

City & State: Odessa, FL; Zip: 33556; Country: USA

REINSTATEMENT OH-99

4. Date Incorporated or Qualified To Do Business in Florida: 09/21/93; 5. FEI Number: 59-3263060; 6. CERTIFICATE OF STATUS DESIRED [X] \$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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Rows include Skip Schaer, Sheila Warford, and Bruce Kennedy.

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8. Name and Address of Current Registered Agent

old Judith L. James, 325 South Boulevard, Tampa, FL 33606, USA

9. Name and Address of New Registered Agent

Name: Bruce E. Kennedy, Street Address: 2529 Shorewood Lane, City: Land O'Lakes, State: FL, Zip Code: 34639

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: [Signature] NEW REGISTERED AGENT MUST SIGN

Date: 5/3/99, (See other side for information on intangible tax)

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes [ ] No [X]

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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Skip Schaer, Director

Date: 5/3/99, (813) 949-6926 Daytime Phone #

CP2500 (1-99)