

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 SEP 16 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N9400000862

1. Corporation Name

The Homes at Coventry Village
Homeowners Association, Inc.

300007829148--3
-09/18/02--01034--022
****420.00 ****420.00

REINSTATEMENT 99-02

2. Principal Office Address

2430 Estancia Blvd

3. Mailing Office Address

2430 Estancia Blvd

Suite, Apt. #, etc.

Suite #114

Suite, Apt. #, etc.

Suite # 114

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip

33761

Country

USA

Zip

33761

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/17/94

5. FEI Number

593233525

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

Florida Central Management, Inc.

Street Address (P.O. Box Number is Not Acceptable)

2430 Estancia Blvd

Suite, Apt. #, Etc.

Suite 114

City

Clearwater

State

FL

Zip Code

33761

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.

Robert Norek - Senior Vice President

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

9/5/02

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	Ed Gowski	4780 Ridgemoor Cr.	Palm Harbor, FL 34685
VD	Tim Pierce	4779 Ridgemoor Cr	Palm Harbor, FL 34685
SD	Tito Santiago	5696 Bridgeton Ct	Palm Harbor, FL 34685
TD	Joanna Patterson	4880 Ridgemoor Cr	Palm Harbor, FL 34685
D	Richard Stafford	4760 Ridgemoor Cr	Palm Harbor, FL 34685
D	Dawn Nelson	4624 Wellsley Ct	Palm Harbor, FL 34685

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:

[Signature] Joanna L. Patterson
Treasurer

Date

9/4/02

Daytime Phone #

727-797-6011

CR2E081 (9/01)

[Handwritten initials]