PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
97 NOV 17 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N95000002572**

1. Corporation Name

HOMEOWNERS ASSOCIATION OF INDIAN ROCKS BEACH INC.

Principal Place of Business	Mailing Address
814 HIDDEN HARBOUR DR INDIAN ROCKS BEACH FL 33785	814 HIDDEN HARBOUR DR INDIAN ROCKS BEACH FL 33785

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

REINSTATEMENT 97

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 05/26/1995

5. FEI Number: 65-0640904 — Applied For / Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	DIMA, JOE	814 HIDDEN HARBOUR DR	INDIAN ROCKS BEACH FL 33785
V	TORGENSON, LARRY	2013 BAYVIEW PL.	INDIAN ROCKS BEACH FL 33785
S	CRYSTAL, CAROL	103 18TH AVE #5	INDIAN ROCKS BEACH FL 33785
T	JOHNSON, JEFF	912 HARBOUR HOUSE DR	INDIAN ROCKS BEACH FL 34635
D	FEDRIGO, FRED	914 HARBOUR HOUSE DR	INDIAN ROCKS BEACH FL 33785
D	HAYES, JIM	814 HIDDEN HARBOUR DR	INDIAN ROCKS BEACH FL 33785

8. Name and Address of Current Registered Agent

DIMA, JOSEPH
10575 68 AVE NORTH #D3
SEMINOLE FL 34642

9. Name and Address of New Registered Agent

Name: JOSEPH DIMA
Street Address (P.O. Box Number is Not Acceptable): 814 HIDDEN HARBOUR DR
Suite, Apt. #, Etc.:
City: INDIAN ROCKS BEACH | State: FL | Zip Code: 33785

JD 11/18

CP2E040 (8/97)

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.

X Signature of Registered Agent

REGISTERED AGENT MUST SIGN

11/-12-97
000087352290--7
-11/19/97--01095--014
****236.25 ****236.25

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for 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.

X SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #