PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
01 DEC 11 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N97000006436**

1. Corporation Name

SOMERSET-WEST SHORE RESIDENTIAL ASSOCIATION, INC

Principal Place of Business	Mailing Address
P.O. BOX 37634 PENSACOLA FL 32526-0634	P.O. BOX 37634 PENSACOLA FL 32526-0634

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/10/1997

5. FEI Number: 59-3511057 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	RUSH, JAMES	5918 SOMERSET DR	PENSACOLA FL 32526
VP	MARCINIAK, EDWARD	5780 WEST SHORE DR	PENSACOLA FL 32526
ST	CANAVELLO, ROBERT	5765 TALQUIN AVE	PENSACOLA FL 32526
D	ROUSCHE, ROBERT	5720 TALQUIN AVE	PENSACOLA FL 32526
D	BROUGHTON, DAVID	5629 TALQUIN AVE	PENSACOLA FL 32526

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CANAVELLO, ROBERT R 5765 TALQUIN AVE. PENSACOLA FL 32526	Name Street Address (P.O. Box Number is Not Acceptable) 800004741038--8 Suite, Apt. #, Etc. -12/27/01--01035--008 ****236.25 ****236.25 City / State: FL / Zip Code

CR2E040 (8/01)

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: R. Canavello SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date: 12-6-01

11. 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: R. Canavello SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-6-01
Date

850-293-9583
Daytime Phone #