

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

083000

**CORPORATION  
REINSTATEMENT**



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

FILED

00 OCT -2 PM 12: 04

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # N980000001604

1. Corporation Name  
EAGLES POINT AT THE LANDINGS IV Condominium Association, Inc.

2. Principal Office Address <u>5450 EAGLES POINT CIRCLE</u>		3. Mailing Office Address <u>310 PEARL AVENUE</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>SARASOTA, FL</u>		City & State <u>SARASOTA, FL</u>	
Zip <u>34231</u>	Country	Zip <u>34243</u>	Country

**REINSTATEMENT**

*99-00*

4. Date Incorporated or Qualified To Do Business in Florida  
5. FEI Number 65-0854744 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  
ALAN HOWES, C/O DELCOR MANAGEMENT

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

Suite, Apt. #, Etc.

City  
SARASOTA

State  
FL

Zip Code  
34243

000003419880-4  
-10/10/00-01007-003  
\*\*\*\*297.50 \*\*\*\*297.50

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 Alan Howes Date 9/13/00

REGISTERED AGENT MUST SIGN

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
D	COLIN WENDELL	5450 EAGLES POINT CIR. #202	SARASOTA, FL 34231
D	WILLIAM GULICK	5450 EAGLES POINT CIR. #301	SARASOTA, FL 34231
D	CAROL ROBBINS	5450 EAGLES POINT CIR. #402	SARASOTA, FL 34231

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: Alan Howes EVE Howes 9/25/00 (941) 925-2299  
AD Howes (AD Howes) S/T/D 8/21/00 941-358-3366

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

**KE**

CR2E081 (9/99)