

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 DEC -6 PM 2:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N98000003017

1. Corporation Name

Shores of Long Bayou XI Condominium Assoc

2. Principal Office Address

6311 99th Way N.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

St. Petersburg

City & State

FL

Zip

Country

33708

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

07/06/1998

5. FEI Number

59-3523588

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Thomas A. Hyink

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

6311 99th Way No. Unit 11G

Suite, Apt. #, Etc.

City

ST. Petersburg

State
FL

Zip Code

33708

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

Thomas A. Hyink

Date

12/5/00

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
<u>Pres</u>	<u>Thomas A. Hyink</u>	<u>6311 99th Way No. Unit 11G</u>	<u>ST. Petersburg, FL 33708</u>
<u>Vice Pres</u>	<u>Leon Sas</u>	<u>" " " " 11H</u>	<u>" " " "</u>
<u>Secy</u>	<u>John Eve</u>	<u>" " " " 11B</u>	<u>" " " "</u>

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:

Thomas A. Hyink

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas A. Hyink

Date

12/5/00

Daytime Phone #

727-392-5297

CR2E081 (9/99)