

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

DOCUMENT # **N99000003113**

02 DEC 17 PM 12:34

1. Corporation Name
THE VILLAGES OF NORTH REDINGTON BEACH - THE SHOALS HOMEOWNERS ASSOCIATION, INC.

SECRETARY OF STATE
 200 PALMACHESSE FLORIDA
 12/16/02--01082--010 **350.00

Principal Place of Business Mailing Address
147 BATH CLUB CIRCLE N. REDINGTON BEACH FL 33708 **147 BATH CLUB CIRCLE N. REDINGTON BEACH FL 33708**



12/16/02 01082 010 **350.00

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

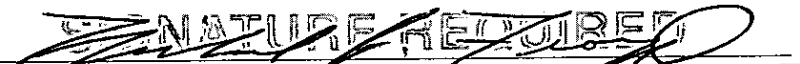
2. New Principal Office Address, If Applicable 135 Shoals Circle		3. New Mailing Office Address, If Applicable 135 Shoals Circle		4. Date Incorporated or Qualified To Do Business in Florida 05/19/1999	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3577771	
City & State North Redington Beach		City & State North Redington Beach		Applied For Not Applicable	
Zip 33708	Country US	Zip 33708	Country US	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 Zip
PTD	FLEETING, ROBERT	2152 14TH CIRCLE NORTH	ST. PETERSBURG FL 33713
VD	SCHERER, CLARK	2152 14TH CIRCLE NORTH	ST. PETERSBURG FL 33713
TD	STEINMAN, GARY	147 BATH CLUB CIRCLE	N. REDINGTON BEACH FL 33708
P/D	Michael Frayd	135 Shoals Circle	N. Redington Beach, FL 33708
VD	Jill Potterbin	101 Shoals Circle	N. Redington Beach, FL 33708
STD	Monica Sinclair	115 Shoals Circle	N. Redington Beach, FL 33708

8. Name and Address of Current Registered Agent FLEETING, ROBERT CFS INVESTMENTS, LLC 147 BATH CLUB CIRCLE N. REDINGTON BEACH FL 33708		9. Name and Address of New Registered Agent Name Dr. Michael Frayd Street Address (P.O. Box Number is Not Acceptable) 135 Shoals Circle Suite, Apt. #, Etc. City North Redington Beach State FL Zip Code 33708	
--	--	---	--

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. or 617.0505, F.S.

Signature of Registered Agent  Date **12-10-02**
 REGISTERED AGENT MUST SIGN

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:  Date **12-10-02** Daytime Phone # **(727) 393-9611**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/02)