

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 21 PM 12:18

DOCUMENT # **P98000068643**

1. Corporation Name

IDLEWILD BEACH PROPERTIES, INC.

2. Principal Office Address

27 Idlewild Street

Suite, Apt. #, etc.

3. Mailing Office Address

27 Idlewild Street

Suite, Apt. #, etc.

REINSTATEMENT 99-00

City & State

Clearwater, FL

Zip Country

33767 USA

City & State

Clearwater, FL

Zip Country

33767 USA

4. Date Incorporated or Qualified To Do Business in Florida

08/06/98

5. FEI Number

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

Peter Meroli

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

27 Idlewild Street

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33767

300003342973-6
-08/02/00-01002-015
****900.00 ****900.00

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

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
P/T/S	Peter Meroli	27 Idlewild Street	Clearwater / FL / 33767

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 20/00

Date

Daytime Phone #