PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N34173

1. Corporation Name

BRITTANY PARK/TARPON TRACE HOMEOWNERS ASSOCIATI

ON, INC. Principal Place of Business

Mailing Address

FILED 00 OCT 30 AM 10: 59 SECRETARY OF STATE TALLAHASSEE FLORIDA

1901_PERPERTREE DR- OLDSMAR-FL: 34677		-1801 PEPPERTREE DR -OLDSMAR FL 34677						
US		-U3		PARTIE LA		$\langle S \rangle$		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					HEINSTATEMENT			
2. New Principal Office Address, If Applicable 3. New Maili						rated or Qualified ess in Florida	/14/1989	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. FEI Number Applied For			
City & State		Otty & State		S. PERNOMOR	59-3038334	Not Applicable		
TARPON FL		TARPONSPINGS, FL		r L	6.		5 Additional Fee required	
zig346	69 Country	24688-	よろけ Country	uSA	l		r a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)								
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / Sta	te / Zip		
STD	HILTON, STEPHEN-J		1789 BIARRITZ (Ircle			TARPON SPRINGS FL		
PD	MOSSO, PICHARDA	BRITTANY PARK BLVD			TARPON SPRINGS FL			
Mβ	WASSON, ANNA	923 BRITTANY PARK BLVD			TARPON SPRINGS FL 34689			
₽ D	HASAFIDIS CONSTANTIN	BRITTANY PARK BLVD			TARPON SPRINGS FL			
D	DRAPER, WILLIAM	1704 HUNTER LANE			TARPON SPRINGS FL			
					100034689116 -11/17/0001073005 ****236.25 ****236.25			
					9. Name and A	Name and Address of New Registered Agent		
						PAJOSEPH is Not Acceptable) ONE BUR	R,	
DUNEDIN FL 34698 TARRELL Spring 5, Fb 3468 9 Suite, Apt. #, Etc.								
City UNEOW FL 3 46 \$8							Zip Code 3 46 9 8	
10. I, being appointed the registered agent of the above named porporation, am familiar with and accept the obligations of Section 607.0505, F.S.								
Signature of Registered Agent Aleks TOPHER TAYLOW Chick Townson Date Det 23 2000								
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.								