

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM


FILED

04 APR 21 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0204

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002139

1. Corporation Name

EVENTIDE HOMEOWNERS' ASSOCIATION, INC.

2. Principal Office Address 530 Eventide Drive		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Gulf Breeze, FL		City & State	
Zip 32561	Country US	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 4/27/94

5. FEI Number 59-3241416	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
Harry Latourette

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

Suite, Apt. #, Etc.

City
Gulf Breeze

State
FL

Zip Code
32561

REINSTATEMENT

4000035785374
05/07/04--01085--013 **351 .75

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 Harry Latourette Date 4/13/04

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
P/D	Harry Latourette	530 Eventide Drive	Gulf Breeze, FL 32561
VP/D	Chris Patrick	515 Eventide Drive	Gulf Breeze, FL 32561
T/D	Laura Legendre	514 Eventide Drive	Gulf Breeze, FL 32561

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: Harry Latourette Date 4/13/04 Daytime Phone # 850-982-8661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)