Daytime Phone #

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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	RPORAT ISTATEN				DEPAR Secretar SION OF C	y of Sta	ate	TATE		* toluit	FILED TARY OF OF CORP -9 AM	F STAT ORATI	IOHS		
DOCUMENT # NO 10000 7703 1. Corporation Name										U AI I	TO AM	111: 5)		
Tid Inc		eek 1	Landing	Homeowi	ner's	. Ass	ocia	ation	,						
2. Principa	al Office Addr			3. Mailing Office Address					500016322766 04/18/0301041019 **122.50						
2931	Craw	ford	ville u	P.O. Drawer 6506											
Suite, Apt. #, etc. HWY •				Suite, Apt. #, etc.											
									4. Date Incorporated or Qualified To Do Business in Florida 10/30/01						
City & State				City & State					5. FEI Numbe	9r		<i>,</i> 00,	$\overline{}$	pplied For	1
Zip	fordv	Country		Tallahassee,						7553	03	11	N	lot Applicable	э .
3232	7	USA		32314-	-6506	1			G. CERTIFICATI	E OF STATU	S DESIRED [] ^{\$8.75}	Addition a Certific	al Fee requir ate of Status	ed
	Γ			7. N	ame and	Address of	f Current	Registere	ed Agent				7		
	Name					+	- ;	1							
			A. Routa						-{						
	Street Address (P.O. Box Number is Not Acceptable) 2931 Crawfordville Hwy.												•	1	
	Suite, Apt. #, Etc.									 ,					
	City									State	Zip Code			-{	
	Cra	wfor	dville							FL	3232	7		<u> </u>	~ 6
8. I, being	appointed the	e registere	ed agent of the abov	re lamed corpo	ration, am	familiar wit	h and ac	cept the ob	ligations of secti	on 607.050	5 or 617.050	03, F.S.	•		110/02
Signature of Registered			1/2	404					Date 4/7/03						CR2E081
1109,210,00			RE	GISTERED AG	ENT MUST	r Sign									9
9. Names	and Street A	ddresses	of Each Officer and	or Director (Flo	rida nonpro	ofit corpora	tions mu	st list at lea	ast 3 directors)]
Titles					ss of Each or Director		City / State / Zip								
D	J. Don Nichols				416 Jackson Blvd					Nashville, TN 37205					
D	Ken Crum				99 Rock Landing				Road	Panacea, FL 32346					
D	Marsha Tucker				146 Coastal Hwy.					Panacea, FL 32346					
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				<u> </u>											-
this rei	nstatement ap	oplication,	director or the receivithe reason for disso	olution has been	eliminated	, the corpo	rate nam	e satisfies	the requirements	of section	607.0401 or	617.040	1, F.S., th	at all fees	
			been paid and the r accurate, and my sig							er section	119.07(3)(i),	⊬.S. The	informatio	on indicated	1

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAW OFFICES

ROBERT A. ROUTA

Professional Association

Highway 319 Crawfordville, Florida

ROBERT A. ROUTA

Reply To: P.O. Drawer 6506 Tallahassee, FL 32314-6506

Telephone (850) 926-6300 Facsimile (850) 926-7507

April 7, 2003

HAND-DELIVERY

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Reinstatement of Tide Creek Landing Homeowner's Association,

Inc.

Good morning:

In accordance with discussion held with staff we enclose a reinstatement form and our check in the amount of \$122.50.

It may be that while we put our post office address in the Articles of Incorporation, the physical address was also shown as the mailing address which does not have mail service. Most likely the Post Office returned the Annual Report to you. Please let us know if anything further is required.

Sincerely,

Robert A. Routa

RAR/ej

Enclosures

Did not receive 2002 Business Report.