


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		APPROVED AND FILED 97 JUL 28 AM 11:16 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>718731</u>					
1. Corporation Name Ormond by the Sea Association, Inc.					
Principal Place of Business 1601 Oceanshore Blvd. Ormond Beach, FL 32176		Mailing Address <u>W97-16613</u>			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip		4. Date Incorporated or Qualified To Do Business in Florida 6/23/70	
Country Volusia		Country		5. FEI Number 59-2314359	
6. CERTIFICATE OF STATUS DESIRED <input 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)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
1	2	3	4		
Pres	John McLellan 'D'	455 Holly Hill Rd.	Oldsmar, FL 33677		
Sect	Harold Bradshaw 'D'	504 Silo View Ct.	Woodstock, GA 30188		
Treas	William Roberts 'D'	#106 1601 Oceanshore Blvd	Ormond Beach, FL 32176		
				200002255492--5 -08/01/97--01038--020 ***1645.00 ***1645.00	
			REINSTATEMENT <u>96-97</u>		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
			Name Richard Jackman - Manager		
			Street Address (P.O. Box Number is Not Acceptable) 1601 Oceanshore Blvd.		
			Suite, Apt. #, Etc. #103		
			City Ormond Beach		
State FL			Zip Code 32187		
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.					
Signature of Registered Agent <u>Richard Jackman</u> Date <u>7/15/97</u> REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. 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: <u>William Roberts</u> <u>7/15/97</u> <u>904-441-0443</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # William Roberts					