PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 APR 29 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 725814

REINSTATEMENT 02-03

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04/29/03--01028--020 **297.50

1. Corporation Name
Smugglers Cove Property Owners Association

2. Principal Office Address	3. Mailing Office Address
N/A	P.O. Box 3794
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Vero	City & State: Vero Beach, FL
Zip / Country	Zip: 32964 Country: Indian River

4. Date Incorporated or Qualified To Do Business in Florida: Feb. 22, 1983

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: Edith O. Bradshaw
Street Address (P.O. Box Number is Not Acceptable): 1580 Smugglers Cove
Suite, Apt. #, Etc.:
City: Vero Beach | State: FL | Zip Code: 32963

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: Edith O. Bradshaw — Date: 4-8-03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
D President	Robert Gestrich	1561 Smugglers Cove	Vero Beach, FL 32963
1st D Vice Pres	John Williams	1535 Smugglers Cove	Vero Beach, FL 32963
2nd D Vice Pres	Susan Hayes	1530 Smugglers Cove	Vero Beach, FL 32963
D Treasurer	Edith O. Bradshaw	1580 Smugglers Cove	Vero Beach, FL 32963
D Secretary	Emma Zigler	1560 Smugglers Cove	Vero Beach, FL 32963
D Asst Treasurer	John Chilberg	1555 Smugglers Cove	Vero Beach, FL 32963

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: Edith O. Bradshaw (Edith O. Bradshaw) 4-8-03 (772) 231-5753
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

9:30