


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 00 JAN 24 PM 3:10

DOCUMENT # **728317**

1. Corporation Name
Section 33 Property Owners Association, Inc
 W99-29031

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address **SAME**

13333 182nd Court N, Jupiter FL 33478

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 97-00

2. New Principal Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
JAN 17, 1974

5. FEI Number
N/A

6. CERTIFICATE OF STATUS DESIRED \$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)	
1/PRES	CRAIG NEW	18761 138th Way N	Jupiter FL 33478
1/VP	SABINE NUNEZ	18384 137th TRAIL N	Jupiter FL 33478
1/Sec/TREAS	SHARON BECHTOLD	13637 185th PIACE N	Jupiter FL 33478
DIR.	KEITH CORDEAU	18801 137th TRAIL N	Jupiter FL 33478

8. Name and Address of Current Registered Agent

SHARON BECHTOLD
13637 185th. PL N
Jupiter FL 33478

9. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Numbers Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State **FL** Zip Code _____

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 **Sharon Bechtold** Date **11-8-99**
 REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (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: **Sharon Bechtold** Date **11-8-99** Daytime Phone # **561-747-2404**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **SHARON BECHTOLD**

CR2E001 (12/98)