

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -2 PM 3:10

DOCUMENT # 737975

1. Corporation Name

SEBASTIAN PROPERTY OWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 780263
SEBASTIAN FL 32978

P.O. BOX 780263
SEBASTIAN FL 32978



REINSTATEMENT 00

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/02/1977

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0050262

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	SAL, NEGLIA	461 GEORGIA BLVD	SEBASTIAN FL
VD	THOMAS, TERRY CHUCK NEUBERGER	654 BALBOA OF 357 MEL ROSE	SEBASTIAN FL
T	PLISKA, ROBERT J. PLISKA	1590 DEWITT LA	SEBASTIAN FL
S	ALONSO, EDGAR GRACE OLSON	480 QUARTER 643 WINDY DR	SEBASTIAN FL 32958
			500003469585--3 -11/20/00--01017--001 ****245.00 ****245.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PLISKA SR., ROBERT J.
1590 DEWITT LA.
SEBASTIAN FL 32958

Name

Street Address (P.O. Box Number is 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

Robert Pliska

REGISTERED AGENT MUST SIGN

Date

10/31/2000

11. 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:

Salvatore Neglia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/31/00

Daytime Phone #