

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

DOCUMENT # 738593

99 OCT 28 AM 10:38

1. Corporation Name
 EL GALEON EAST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O PENNSULA PROPERTY 4880 PLACIDA RD ENGLEWOOD FL 34224 US	C/O PENNSULA PROPERTY PO BOX 125 PLACIDA FL 33946-125 US



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/07/1977	
City & State		City & State		5. FEI Number	
Same		Same		59-2194083	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input checked="" 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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
FD	FOSTER, CALVIN	888 FOURTH ST. E.	ENGLEWOOD FL 34223
PD	SELLERS, M. DEVON	190 DELA PALMA	BARTON, FL 33830
PD	MARTIN, SCOTT	1775 GULF BOULEVARD #107	ENGLEWOOD FL 34223
VD	WATTERS, JOHN	283 FRY TERRACE 502 NIBLICK CIRCLE	PORT CHARLOTTE FL 34287 NORTH PORT FL
SD	MARKUS, CAROL	5071 LAKESHORE LANE 1775 GULF BOULEVARD 105	LEXINGTON MA 01850 ENGLEWOOD FL 34223
FD	ZANE, JAMES	1775 GULF BOULEVARD #108	ENGLEWOOD FL 34223
			200003035872--3 -11/05/99--01012--016 *****8.75 *****8.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CLANCEY, FRANCIS J 11 AMBERJACK TER PLACIDA FL 33946		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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: Francis J. Clancey Date: 10-22-99
 REGISTERED AGENT MUST SIGN

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: Scott P. Martin Pres. Date: 10/22/1999 Daytime Phone #: 941-475-6380
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR25040 (8/98)

AD