PLEASE READ ALL	INSTRUCTIONS B	EFORE C	OMPLETI	NG THIS F	ORM.	
APPLICATION FOR FOR EINSTATEMEND FLORIDA DEPARTMENT OF S' Jim Smith Secretary of State Componentions			FILED			
DOCUMENT # 739701			02 OCT 31 PM 4: 49			
1. Corporation Name WHISPER BAY HOMEOWNER'S A		SECRETARY OF STATE TALLAHASSEE, FLORIDA				
rincipal Place of Business Mailing Address			1 186161 1858	A 4611 A 20111 4 1 1 1 2 1 1 1 1 1 1	1(8) 8(8)) 8(8)) 8(8)	P1811 81811 81817 1881
	1 BAYHEATHER CIR LF BREEZE FL 32561-9635					
2834 WHISPER BAY BEND	ncorrect information and enter correct New Mailing Office Address, If Apr. 2834 (Address, I	Office Address, If Applicable 4. Date In To Do		corporated or Qualified usiness in Florida 07/20/1977		
City & State City	& State bes 2E F	<u> </u>	5. FEI Number	59-2543597	· .	Applied For Not Applicable
Zip Country Zip	2583 Country US		6. CERTIFICATE	OF STATUS DESIRE		ditional Fee required ertificate of Status
7. Names and Street Addresses of Each Officer and/or Dire Name of Officers	<u> </u>	ns must list at leas Address of Each	st 3 directors)			·· · · · · · · · · · · · · · · · · · ·
Title(s) 2 and/or Directors PENETER, KENT	3	· · · · · · · · · · · · · · · · · · ·		City / State / Zip 4 GULF BREEZE FL 32561		
EPENETER, KENT 2020 WHISPER OAKS DR. 2949 WHISPER OAKS DR.			y Bevo.	GULF DREEZE	PL 32301	
D ROBERTSON, MICHAEDL	ROBERTSON, MICHAETEL 2843 WHISPER E		GULF BREEZE FL 32561		į	
BE STEWART, SALLYE DT) RUE SZYMANSKI		8867 BAY BLYD 1867 BAY MEROOW DK.		GULF BREEZE FL		
DORNEY, WILLIAM		971 BAU JEATJER COR 2871 BAY HENDHEZ CL		GULF BREEZE FL 32561		
fat > KENDALL, ARNOLD		68 BAY MEADOW DR		GULF BREEZE FL 32561		
COMBEE, CHARON 2020 WHISPER		GULF BREEZE FL 32561				
8. Name and Address of Current Registered Agent Name			9. Name and Address of New Registered Agent			
DORNEY; WILLIAM	5	Street Address (P.	O. Box Number is		MEDIC	<u></u>
2871 BAY HEATHER CIR GULF BREEZE FL 32561-9635	5	Suite, Apt. # Sic.				
	C	City Cold	i Bee	E LE = 24	State Zip	Code
0. I, being appointed the registered agent of the above nan	ned corporation, am familiar with a	and accept the obl	igations of Section	in 607.0505, F.S. o		E1563
			E m	00087:	ac745	=

Signature of Registered Agent _ GANAISIPE REQUIRED

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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:

SINATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28/02 (59) 934-36 (5