


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY 19 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **743269**

1. Corporation Name
Condominium Association of Holiday Villas of Belleair, Inc.

2. Principal Office Address 2740 Gulf Blvd.		3. Mailing Office Address 5006 Langdale Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Belleair Beach, Fl.		City & State Tampa, Fl	
Zip 33786	Country USA.	Zip 33647	Country USA.

REINSTATEMENT 02-03

4. Date Incorporated or Qualified To Do Business in Florida 6/15/78	
5. FEI Number 592939739	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
Debbie Doyle

Street Address (P.O. Box Number is Not Acceptable)
5006 Langdale Way

Suite, Apt. #, Etc.

City
Tampa

State
FL

Zip Code
33647

600019321146
05/19/03--01067--019 **\$97.50

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 **Debbie Doyle** Date **5/14/03**

REGISTERED AGENT MUST SIGN

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
Dir/ Pres	Randy Raubach	501 W. Main St.	Benton, IL 62812
Dir/ Sec.	Debbie Doyle	5006 Langdale Way	Tampa Fl. 33647
Dir.	Sandy Carney	447 Bridle Path Way	Tarpon Springs, Fl. 34689

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: **Debbie Doyle** **Debbie Doyle** Date **5/14/03** Daytime Phone # **813-631-4609**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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