

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

04 FEB 13 PM 3:21

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # 748377

1. Corporation Name
 TREASURE COAST COMMUNITIES ASSOCIATION, INC.

Principal Place of Business Mailing Address
 PO BOX 0682 PO BOX 0682
 STUART FL 34995-0882 STUART FL 34995-0882
 US US

REINSTATEMENT 03-04

 400027708464
 02/13/04--01037--011 **61.25

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.		08/07/1979	
City & State		City & State		5. FEI Number	
Zip		Country		59-1976860	
				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. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
VP	RUETER, ALAN	4484 NE OCEAN BLVD	JENSEN BEACH FL 34957
S/D	BAUMAN, PATRICIA	1800 SE ST LUCIE BLVD	STUART FL 34996
*VP	DEHAVEN, BERRIE	741 SW SOUTH RIVER DR	STUART FL 34997
P/D	BEACHLER, FRED <i>Whalen, Cathleen</i>	1953 PALM CITY RD. 4091 NE Cheri Drive	STUART FL 34994 Jensen Beach FL 34957
*I/D	OGGHLAN, RANDY Bauf, Robert	2950 SE OCEAN BLVD, BLDG 10, APT 1939 SW Palm City Rd	STUART FL 34998 34994
*	MELLAS, CHARLES	2237 SW OLYMPIC CLUB TERR	PALM CITY FL 34990

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CORNETT, JANE L. 401 E. OSCEOLA ST. RIVER OAKS CENTER STUART FL 34985		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code 34994	

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. or 617.0505, F.S.

Signature of Registered Agent *[Signature]* REGISTERED AGENT MUST SIGN Date 1/23/04

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 to 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: *Cathleen Whalen*, Cathleen Whalen, Pres. 1/13/04 772-546-8100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)