

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -8 PM 3:28

DOCUMENT # **754187**

1. Corporation Name

COURT OF PALMS HOMEOWNER'S ASSOCIATION, INC.
- 2780-2790 OCEAN SHORE BLVD.
ORMOND BEACH, FL 32176

2. Principal Office Address

2780-2790 OCEAN SHORE BLVD.

Suite, Apt. #, etc.

City & State

ORMOND BEACH, FL

Zip

32176

Country

VOLUSIA

3. Mailing Office Address

2000-11014
%ATLANTIC COMMUNITY ASSOCIATION
MGMT, & ACCT., INC.

Suite, Apt. #, etc.

507 HERBERT ST., SUITE C

City & State

PORT ORANGE, FL

Zip

32119

Country

VOLUSIA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

59-2032390

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 82-00

7. Name and Address of Current Registered Agent

Name

ATLANTIC COMMUNITY ASSOCIATION MANAGEMENT & ACCOUNTING, INC.

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

507 HERBERT ST.

Suite, Apt. #, Etc.

SUITE C

City

PORT ORANGE,

State

FL

Zip Code

32119

600003265566-8

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***1338.75 ***1338.75

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **4/19/00**

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
D	SYD CORUTHERS	2780 OCEAN SHORE BLVD. 8-S	ORMOND BEACH, FL 32176
VP/D	ERNEST TREMMEL	2790 OCEAN SHORE BLVD.	ORMOND BEACH, FL 32176
P/D	BERNICE PHILLIPP	2780 OCEAN SHORE BLVD.	ORMOND BEACH, FL 32176
D	LEON WALL	2790 OCEAN SHORE BLVD.	ORMOND BEACH, FL 32176

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:

Bernice Phillipp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 20, 2000

Date

904-760-7365

Daytime Phone #

CR2E081 (9/99)