

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 JUN 27 PM 2:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** 755799

**1. Corporation Name**

FOREST INLET CONDOMINIUM ASSOCIATIONS, INC.

**2. Principal Office Address**  
311 W. Main Street

Suite, Apt. #, etc.

City & State

Inverness, FL

Zip  
34450

Country  
USA

**3. Mailing Office Address**  
311 W. Main Street

Suite, Apt. #, etc.

City & State

Inverness, FL

Zip  
34450

Country  
USA

**4. Date Incorporated or Qualified  
To Do Business in Florida** 1/8/1981

**5. FEI Number**  
59-2995855

Applied For  
Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐ \$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Kim Twiss

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

311 W. Main Street

Suite, Apt. #, Etc.

City

Inverness

State  
FL

Zip Code  
34450

**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

*Kim Twiss*

REGISTERED AGENT MUST SIGN

Date

6/10/05

**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
Pres	Ian McDonald	8765 E. Anglers Court	Floral City, FL 34436
VP	Terry Hibbard	8723 E. Moonrise Lane	Floral City, FL 34436
SEC	Pauline Hibbard	P.O. Box 872	Floral City, FL 34436
TRES	Alberta Bailey	8700 E. Moonrise Lane	Floral City, FL 34436

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06/27/05--01054--009 \*\*420.00

**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:**

*Pauline Hibbard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*June 22, 2004* (352)  
Date Daytime Phone # 726-1485

CR2E081 (01/05)