

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



FILED  
 00 DEC 13 AM 11:00  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

DOCUMENT # **756704**

1. Corporation Name  
**YARDARM CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business Mailing Address

600 YARDARM DRIVE APOLLO BCH FL 33572 US  
 600 YARDARM DRIVE APOLLO BCH FL 33572 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. New Mailing Office Address, If Applicable  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida  
**03/11/1981**

5. FEI Number **59-2197563**  
 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VPD	PASSERI, AL	606 YARDARM DRIVE	APOLLO BEACH FL
PD	MEIERS, STEVE	638 YARDAM DR	APOLLO BEACH FL
<del>STD</del>	<del>PETERSON, MICHAEL</del>	<del>662 YARDARM DR.</del>	<del>APOLLO BCH FL</del>
STD	Cartwright, Steven	604 Yardarm Dr.	Apollo Beach, FL

8. Name and Address of Current Registered Agent

**MICHAEL L. PETERSON ESQ**  
 218 APOLLO BEACH BLVD  
 APOLLO BCH FL 33572

9. Name and Address of New Registered Agent

Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 Suite, Apt. #, Etc. **500003523845-5**  
 City **FL** State **FL** Zip Code **01098-004**

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.

Signature of Registered Agent *Michael Peterson* **REQUIRED** Date **10/20/2000**  
 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: *STEVE MEIERS* **REQUIRED** **MEIERS** Date **11/21/00** Daytime Phone # **863)646-1448**

CR2E040 (8/00)