


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1042

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # 757542  
1. Corporation Name  
Sea Dunes Pieces of Eight Association

REINSTATEMENT 03-05  
CR2E081 (8/05)

2. Principal Office Address c/o David Edelson, MD Suite, Apt. #, etc. 1165 Northern Blvd. #300 City & State Manhasset, NY Zip 11030 Country USA		3. Mailing Office Address c/o David Edelson, MD Suite, Apt. #, etc. 1165 Northern Blvd. #300 City & State Manhasset, NY Zip 11030 Country USA		4. Date Incorporated or Qualified To Do Business in Florida 4/13/81	
				5. FEI Number 592553428 Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name  
David G. Edelson, MD

Street Address (P.O. Box Number is Not Acceptable)  
4375 S. Atlantic Ave.

Suite, Apt. #, Etc.  
Unit A4

City  
New Smyrna Beach  
State  
FL  
Zip Code  
32169

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.

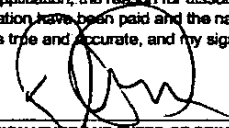
Signature of Registered Agent \_\_\_\_\_ Date 12/2/05

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
P/D	David Edelson, MD	1165 Northern Blvd, #300	Manhasset, NY 11030
V	Mike Hickey	250 Minorca Beach Way	New Smyrna, FL 32169
T/M	Jeri-Ann McCauley	4375 S. Atlantic #B7	New Smyrna, FL 32169
S	Jolynn Haven	4375 S. Atlantic	New Smyrna, FL 32169
*since annual renewal form was never received (returned to sender), \$175 reinstatement fee was waived per Tina at your office			

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:  David Edelson 12/2/05 917-796-5131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2 of 2

December 12, 2005

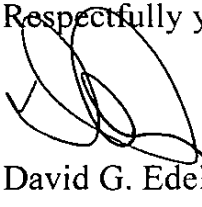
Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

To whom it may concern:

Enclosed please find the corporation reinstatement form for the Sea Dunes Pieces of Eight Association (#757542). It appears that you were sending the forms to an expired PO Box, and they had been returned to your location unopened. I spoke to Tina at your office who said that since the renewal forms were never received, she was waiving the \$175 Reinstatement fee.

If you have any questions, please feel free to contact me.

Respectfully yours,

A handwritten signature in black ink, appearing to read 'David G. Edelson', written over the printed name.

David G. Edelson, MD, FACP