

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 14 PM 3:50

DOCUMENT # 759965

1. Corporation Name

SHADY BEND HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O BRYAN D. HARMS
5439 N.W. 72 WAY
BELL FL 32619
US

C/O BRYAN D. HARMS
5439 N.W. 72 WAY
BELL FL 32619-9645
US

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

09/11/1981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-1989294

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	CROOK, TRACY	5500 DENVER ST. N.E.	ST. PETERSBURG FL 33703
VS	PARISEAU, SCOTT	5210 N.W. 70 TERR.	BELL FL 32619
D	HOOLIHAN, JOHN P	7189 NW 52 ST	BELL FL 32619
TD	HARMS, BRYAN D.	5439 N.W. 72 WAY	BELL FL
800003020158--8 -10/21/93--01010--004 ****245.00 ****245.00			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HARMS, BRYAN D.
5439 N.W. 72 WAY
BELL FL 32619

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Bryan D. Harms
REGISTERED AGENT MUST SIGN

Date Oct. 13, '99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott J. Pariseau

Date

Oct. 13 99

Daytime Phone #

352-222-5947