

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


04 APR -8 AM 7:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

500032110965
04/07/04--01066--001 **122.50

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766437

1. Corporation Name
Aqua Isles Mobile Home Owners Association, Inc.
Attn: Ronald A. Gillette

2. Principal Office Address 900 W. Hickpooshee Ave. Suite, Apt. #, etc. Lot M5 City & State LaBelle, Florida Zip 33935 Country USA		3. Mailing Office Address 900 W. Hickpooshee Ave. Suite, Apt. #, etc. Lot M5 City & State LaBelle, Florida Zip 33935 Country USA	
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4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
59-2348480

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

Applied For
Not Applicable

7. Name and Address of Current Registered Agent

Name
Ronald A. Gillette

Street Address (P.O. Box Number is Not Acceptable)
900 W. Hickpooshee Ave.

Suite, Apt. #, Etc.
Lot M5

City
LaBelle

State
FL

Zip Code
33935

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 *Ronald A. Gillette Pres.* *Ronald A. Gillette* Date *04/01/04*

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.	Ronald A. Gillette	900 W. Hickpooshee Ave., Lot M5	LaBelle, FL 33935
S.	Pat Rummel	900 W. Hickpooshee Ave., Lot C18	LaBelle, FL 33935
T.	Don Craig	900 W. Hickpooshee Ave., Lot A3	LaBelle, FL 33935
D.	Bob Eitzroth	900 W. Hickpooshee Ave., Lot C31	LaBelle, FL 33935
D.	Beryl Sypudt	900 W. Hickpooshee Ave., Lot A35	LaBelle, FL 33935
D.	Rodger Park	900 W. Hickpooshee Ave., Lot C12	LaBelle, FL 33935

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 *Ronald A. Gillette* *Ronald A. Gillette* Date *04/01/04* 863-662-0093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E981 (01/04)

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766437

1. Corporation Name

ADDITIONAL PAGE TO COPY ONE.

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

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\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Ronald A Gillette
REGISTERED AGENT MUST SIGN

Date 04/01/04

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.	Ronald Spaulding	900 W. Hickpooshee Ave., Lot E22	LaBelle, FL 33935

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 119.02(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

Ronald A Gillette
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/01/04
Date

863-612-0093
Daytime Phone #

CR2E081 (01/04)

March 26, 2004

To Whom It May Concern:

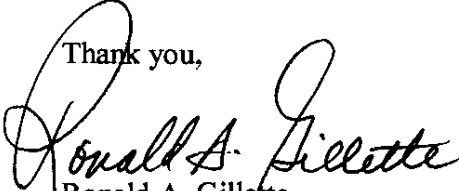
Please be advised that on 3/16/04 I was informed that Aqua Isles Mobile Home Owners Association Inc. had been dissolved for lack of payment for the year 2003.

Upon asking past and present board members, park owners, park secretary, not one person could remember receiving a notice concerning payment for 2003.

Today, 3/25/04 I called your office again, spoke with Tina, (who was very helpful) and explained that we had not received a request for payment. Tina then found that your mailing had been returned to your office and we would not have to pay the additional fee.

Please find enclosed a new Corporation Reinstatement form and a check for \$122.50. The amount is for 2003 & 2004 non profit corporation annual report.

Thank you,


Ronald A. Gillette
H. O. A. President