

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # 708849

1. Corporation Name
OCEAN HARBOUR VILLAS OWNERS ASSOCIATION

Principal Place of Business Mailing Address

4835 N. A2A #11
FT. PIERCE, FL. 34949

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

REINSTATEMENT 9-99

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

5. FEI Number
NA

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
(0)	President MARCEL DANCOUIT, D.O.S.	228 McNAUGHTON DR.	COLUMBUS, Ohio 43213
(0)	Vice-President Lew Gilliland	4835 N. A2A #19	FT. PIERCE, FL. 34949
(0)	Secretary SANDRA WHITLEY	4835 N. A2A #11	FT. PIERCE, FL. 34949

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8. Name and Address of Current Registered Agent

SANDRA Whitley
4835 N. A2A #11
FT. PIERCE, FL. 34949

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

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 **Marcel C. Whitley** REGISTERED AGENT MUST SIGN Date **1-5-99**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: **Sandra C. Whitley**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SANDRA C. WHITLEY

Date **1-5-99** Daytime Phone # **561-595-0010**

CR2E040 (1/98)