PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAR 29 PM 2:14
SECRE... TALLAHA... FLORIDA

DOCUMENT # N00000004521

1. Corporation Name

Sheraton Plaza Home Owners Association Inc.

2. Principal Office Address	3. Mailing Office Address
109 Tropic Ct.	PO Box 5634
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Ft. Pierce, FL	Ft. Pierce, FL
Zip 34946 Country USA	Zip 34945 Country

REINSTATEMENT CR2E081 (8/05) 01-06

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number [X] Applied For [ ] Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Betty Bradwell

Street Address (P.O. Box Number is Not Acceptable): 109 Tropic Ct

Suite, Apt. #, Etc.:

City: Ft. Pieece Fla. State: FL Zip Code: 34946

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05/02/06 01063 013 **542.50

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: Betty Bradwell Date: 11-26-05
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
Pres.	Betty Bradwell	109 Tropic Court	Ft. Pierce, Fla, 34946
Asst Pres.	Celiemae Payne	2803 Langston Drive	Ft. Pierce, Fla. 34946
Sec.	Iris Williams	109 Academy DR.	Ft. Pierce, Fla 34946
Asst Sec.	Mrs. McGriff	2905 Langston Dr.	Ft. Pierce, Fla 34946
Treas	Nobles, Frank	112 Camelot Drive	Ft. Pierce, Fla. 34946
Grant writer	Olive Wedderburn	Post OFFICE BOX 5634	Ft. Pierce, Fla, 34945

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: Betty Bradwell 11-26-05 1-772-940-1282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #