DOCUMENT# 1. Corporation Name owners Association 02 APR 22 AM 10: 12:

SECRETARY OF STATE TALLAHASSEE, FLORIDA

				— Print	REINSTATEMENT 01-02			
2. Principa \$139	al Office Address Carmona St.	3. Mailing Office Address P.O. BoX	ffice Address 30X 2259		19 I MIE	er in a second second		
		Suite, Apt. #, etc.	<b>4.</b> Da		Incorporated or Qualified Duc. 9, 2000			
City & State City & State		City & State	alton Beach, FL 5-FEIN		9-3693		Applied For Applicable	
325	Country	32549	Country VSA	6.	OF STATUS DESIR	\$8.75 Additi	ional Fee required	
7. Name and Address of Current Registered Agent								
	Name Thomas J. Risalvato							
	Street Address (P.O. Box Number is Not Acceptable)  348 SW Miracle Strip PKwy 20005431332-3 -05/02/02-01040-029							
	Suite, Apt. #, Etc. 5uite 34 ****306.25 *****306.25							
	City Ft. Walto	n Beach			State Zip	62548		
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  REGISTERED AGENT MUST SIGN  Date								
9. Names	s and Street Addresses of Each Officer ar	nd/or Director (Florida nonpro	ofit corporations must lis	st at least 3 directors)				
Titles	Name of Officers and/or Director	s	Street Address of Each Officer and/or Director			City / State / Zip		
D	Michael Coupe Bruce Ravar	228	Am Densac	LD #39	FT W/O	Hon Bch	12548	
D	Bruce Ravar	$\rho_{i}$	O. Box	1061	Ft. Was	ton Bch, Fl	32549	
D	Phillip Roy	8130	9 Carmon	ast.	Navar	ve, FL3	2566	
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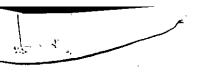
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

10-31-01 850-217-5628





## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

December 27, 2001

RUM ISLAND CONDOMINIUM OWNERS ASSOCIATION, INC. P.O. BOX 2259 FT. WALTON BEACH, FL 32549

SUBJECT: RUM ISLAND CONDOMINIUM OWNERS ASSOCIATION, INC. Ref. Number: N00000007268

Please-be-advised,-we-have-received-your annual report/uniform business-report, however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

A non-profit corporation must list three (3) directors or (3) trustees and their street addresses in block 10 or 11. Use a "D" or "T" to designate the title.

Please note that an additional \$61.25 must be submitted to cover the filing fee for the year 2002 if your reinstatement is not returned prior to January 1, 2002.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tyrone Scott Document Specialist

Letter Number: 801A00067336



WILLIAM H. CARR, CPA

STEPHEN C. RIGGS, CPA PHYLLIS S. INGRAM, CPA

BRUCE E. AVERETT, CPA MELANIE L. AMMONS, CPA TRACY T. CONERLY, CPA JEFFREY G. EASTERLING, CPA

## CARR · RIGGS & INGRAM, LLP

## CERTIFIED PUBLIC ACCOUNTANTS BUSINESS CONSULTANTS

A Limited Liability Partnership

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HILTON C. GALLOWAY, CPA
GLENN W. GILLYARD, CPA
LISA R. GOOLSBY, CPA
MARIE W. HARRISON, CPA
D. TIMOTHY HERNDON, CPA

D. TIMOTHY HERNDON, CPA KELLY W. HILL, CPA DAN HOLLIDAY, CPA DAVID W. JOHNSON, CPA J. MICHAEL MADDOX, CPA LILLIAN G. MARTIN, CPA LARRY D. MAY, CPA

RICHARD A. MCKINNEY, CPA DOUGLAS L. MIMS, CPA DEANNA L. MULDOWNEY, CPA W. DAVID NORRIS, CPA BRUCE A. NUNNALLY, CPA THOMAS J. RISALVATO, CPA

MICHAEL A. SCOTT, CPA H. EUGENE SPRING, CPA ASHLEY H. STAFFORD, CPA PAUL W. STOREY, CPA WILLIS A. TEEL, JR., CPA JAMES F. THIELEN, CPA

FORT WALTON BEACH

348 SW MIRACLE STRIP PARKWAY, SUITE 34 FORT WALTON BEACH FLORIDA 32548 (850) 244-8395 FAX (850) 243-5024

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April 17, 2002

Florida Department of State Katherine Harris Secretary of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

RE: Rum Island Condominium Owners' Association

Dear Ms. Harris:

Please be advised that we did not receive the original uniform business report. This is the letter stating non-receipt to that the \$400.00 late fee can be waived.

If you have any questions or concerns, please contact this office.

Sincerely,

Thomas J. Risalvato

Thomas J. Risalvato, CPA Carr, Riggs & Ingram, LLP

**Enclosures** 

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