


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

04 MAR 23 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00000008140

1. Corporation Name

The Vineyards at St. Lucie West Residents' Association Inc.

2. Principal Office Address

1304 SW Bayshore Blvd.

Suite, Apt. #, etc.

City & State

Port St. Lucie, FL

Zip

34983

Country

3. Mailing Office Address

1304 SW Bayshore Blvd.

Suite, Apt. #, etc.

City & State

Port St. Lucie, FL

Zip

34983

Country

REINSTATEMENT

02-04

4. Date Incorporated or Qualified
To Do Business in Florida 12/11/2000

5. FEI Number
56-2289362

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

Bayshore Association Management, Inc

Street Address (P.O. Box Number is Not Acceptable)
1304 SW Bayshore Blvd.

Suite, Apt. #, Etc.

City

Port St. Lucie, FL

State

FL

Zip Code

34983

300030940803
03/23/04 01095 003 **122 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

[Signature]
REGISTERED AGENT MUST SIGN

Date

3-11-04

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
PD	Petruzzelli, Philip	482 Port St Lucie Blvd. SW	Port St-Lucie, FL 34983
SD	Petruzzelli, Marilyn	482 Port St Lucie Blvd. SW	Port St Lucie, FL 34983
TD	Talerico, Steven	482 Port St Lucie Blvd. SW	Port St Lucie, FL 34983
VD	Talerico, David	482 Port St Lucie Blvd. SW	Port St Lucie, FL 34983
VD	Talerico, Henry	482 Port St Lucie Blvd. SW	Port St Lucie, FL 34983

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/11/04

Daytime Phone #

772-879-0421

CR2E081 (01/04)

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THE VINEYARDS AT ST. LUCIE WEST RESIDENT ASSOCIATION INC.
C/O BAYSHORE ASSOCIATION MGMT. INC.
1304 SW BAYSHORE BLVD.
Port St. Lucie, FL. 34986
March 9, 2004

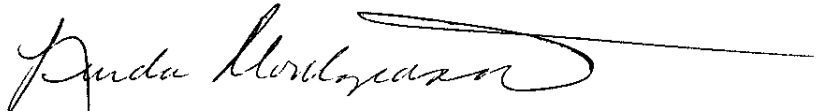
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: N00000008140

On 3/12/02 our Not-for-Profit Corporation Annual Report was sent in with a check number 2578, in the amount of \$70.00. We never received a Certification of Status from you but the check had been cashed. Please waive the Late Fee.

I am enclosing a check in the of \$122.50 and the Corporation Reinstatement form.

Sincerely

A handwritten signature in cursive script, appearing to read "Linda Moutogiannis", with a long horizontal flourish extending to the right.

Linda Moutogiannis
Registered Agent