

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
2006 OCT 12 AM 9:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 002000008080

**1. Corporation Name**

Hidden Lagoon At Tropical Shores  
Homeowners Association, Inc.

**2. Principal Office Address**

2905 10th St. West

**3. Mailing Office Address**

2905 10th St. West

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bradenton, Florida

City & State

Bradenton, Florida

Zip 34205

Country USA

Zip 34205

Country USA

CR2E081 (12/05)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

10-22-2002

**5. FEI Number**

N/A

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

Stephen W. Thompson

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

1205 Manatee Avenue West

Suite, Apt. #, Etc.

City

Bradenton

State  
FL

Zip Code

34205

**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

*Stephen W. Thompson*  
REGISTERED AGENT MUST SIGN

Date

10/11/06

**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	Stanley Jay	5104 54th St. West	Bradenton, FL 34210
VD	Fred Munn	908 40th Ave. West	Bradenton, FL 34205
SD	John Garrity	5311 52nd Ave. West	Bradenton, FL 34211
TD	Fred Munn	908 40th Ave. West	Bradenton, FL 34205
REINSTATEMENT 10/17/04 100080778681 10/13/06--01049--001 **367.50			

**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 contained in Chapter 119, 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:**

*John J. Garrity*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-11-06

Date

941-737-7107

Daytime Phone #