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PAGE 1062

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 NOV 10 AM 8:00

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # N02000008080

1. Corporation Name

HIDDEN LAGOON AT TROPICAL SHORES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5104 - 54TH ST. WEST
 BRADENTON FL 34210

5104 - 54TH ST. WEST
 BRADENTON FL 34210

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business In Florida 10/22/2002	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
City & State		City & State		<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

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	4 City / State / Zip
PD	JAY, STANLEY B	5104 - 54TH ST. WEST	BRADENTON FL 34210
VD	MUNN, FRED	908 - 40TH AVE. WEST	BRADENTON FL 34205
SD	GARRITY, JOHN J	5311 - 52ND AVE. WEST	BRADENTON FL 34210
TD	MUNN, FRED	908 - 40TH AVE. WEST	BRADENTON FL 34205

REINSTATEMENT 03 18

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THOMPSON, STEPHEN W
 1205 MANATEE AVE. WEST
 BRADENTON FL 34205

Name

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

Suite, Apt. #, Etc.

City

State
 FL

Zip Code

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., or 617.0505, F.S.

Signature of Registered Agent

Stephen W. Thompson

REGISTERED AGENT MUST SIGN

Date 10.28.03

11. 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)(f), 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: *Fred Munn* Fred Munn

10.28.03 941.748.3770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

Division of Corporations Public Access System

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Account Name : PORGES, HAMLIN, KNOWLES AND PROUTY, PA.
Account Number : 076077002227
Phone : (941) 748-3770
Fax Number : (941) 746-4160

HIDDEN LAGOON AT TROPICAL SHORES HOMEOWNERS ASSOCIAT

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