

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 SEP 24 AM 6:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
FI SC&MI
14 AM 11:33

DOCUMENT # N05600001510

1. Corporation Name
VICTORIA PARKS of DUNEDIN CONDOMINIUM ASSOC. INC.

2. Principal Office Address - No P.O. Box #
700 LYNDBURST STREET

3. Mailing Office Address
4175 EAST BAY DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DUNEDIN, FL

City & State

CLEARWATER, FLA

Zip Country

34698

Zip Country

33764

4. Date Incorporated or Qualified To Do Business in Florida 2/14/2005

5. FEI Number

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 RICKETTS, Jeffrey R.

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

Suite, Apt. #, Etc.

City Dunedin

State FL Zip Code 34698

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date

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
<u>D</u> <u>P/T</u>	<u>Reid Reeve</u>	<u>700 Lyndhurst St</u>	<u>Dunedin, FL 34698</u>
<u>D</u> <u>VP/S</u>	<u>Jeffery R. Ricketts</u>	<u>700 Lyndhurst St</u>	<u>Dunedin, FL 34698</u>
<u>D</u>	<u>Diane Reeve</u>	<u>700 Lyndhurst St</u>	<u>Dunedin, FL 34698</u>
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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 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:

Jeffery Ricketts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-22-07
Date

Daytime Phone #