


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p><b>APPLICATION FOR REINSTATEMENT</b></p>	 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>	<p>FILED MAY 14 PM 1:41 CLERK OF STATE TALLAHASSEE, FLORIDA</p> <p>500002950595--0 -08/04/99--01075--002 ***673.75 ***673.75</p>	
<p>DOCUMENT # <b>708098</b></p> <p>1. Corporation Name <b>SEASCAPE CONDOMINIUM ASSOCIATION OF TARPON SPRINGS, INC.</b> <i>W99000011350</i></p>			
<p>Principal Place of Business <b>1401 West Curlew Place Tarpon Springs, Florida 34689</b></p>		<p>Mailing Address</p>	
<p>If above addresses are incorrect in any way, line through incorrect information and enter correction below</p>			
2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida <b>March 12, 1985</b>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number <b>65-0246923</b>	
City & State	City & State	Applied For Not Applicable	
Zip	Country	Zip	
		CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P-D	JAMES F. HEIMAN	4520 S W 62nd Court	Miami, Florida 33155
V-P-D	MANFRED BOLLWECK	114 Colony South Drive	Tarpon Springs, FL 34689
V-P-D	PATRICIA MOORE	1714 Seascape Circle	Tarpon Springs, FL 34689
<b>REINSTATEMENT 92-990</b>			
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
James F. Heiman 4520 S W 62nd Court Miami, FL 33155		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <b>FL</b> 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.			
Signature of Registered Agent <i>James F. Heiman</i>		Date <b>May 4, 1999</b>	
REGISTERED AGENT MUST SIGN			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax)			
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. and that all fees owed by the corporation have been paid. 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: <i>James F. Heiman</i>		JAMES F. HEIMAN 5/4/99 (727) 942-7747	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR26040 (12/95)