

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

97 NOV -6 PM 4:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N08476**

1. Corporation Name  
**SOMERSET VILLAS ASSOCIATION, INC.**

Principal Place of Business P.O. BOX 2543 DUNEDIN FL 34697	Mailing Address P.O. BOX 2543 DUNEDIN FL 34697
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT 97

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business In Florida	8112-028
	04/01/1985
5. FEI Number	Applied For
59-2568694	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input 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
VP	MAROTTA, LOIS BRIAN SARACINI	153 CHELSEA COURT 1165 SOMERSET CIR S.	DUNEDIN FL 34698 DUNEDIN FL 34698
VPDT	ROCCO, DOMINICK	1161 SOMERSET CIR. S.	DUNEDIN FL 34698
DS	GUERRINI-WISE, NANCY	1172 SOMERSET CIRCLE S.	DUNEDIN FL 34698
			00002345400--2 -11/12/97--0112--028 ****175.00 ****175.00
			\$61.25 BANK

8. Name and Address of Current Registered Agent

MAROTTA, LOIS WAI  
153 CHELSEA COURT  
DUNEDIN FL 34698-1994

9. Name and Address of New Registered Agent

Name: NANCY GUERRINI-WISE  
Street Address (P.O. Box Number is Not Acceptable): 1172 SOMERSET CIRCLE S.  
Suite, Apt. #, Etc.: D  
City: DUNEDIN  
State: FL  
Zip Code: 34698

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: *Nancy Guerrini-Wise*  
Date: 11/1/97

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No

(See other side for information on Intangible tax.)

12. 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: *Nancy Guerrini-Wise*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/97 813-733-7195  
Date Daytime Phone #

CP25040 (8/97)