

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 02-99

4. Date Incorporated or Qualified To Do Business in Florida

04/01/1985

5. FEI Number

59-2568694

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$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
DP	SARACINI, BRIAN	1165 SOMERSET CIR S	DUNEDIN FL 34698
VPDT	ROCCO, DOMINICK	1161 SOMERSET CIR. S.	DUNEDIN FL 34698
DS	GUERRINI-WISE, NANCY	1172 SOMERSET CIRCLE S.	DUNEDIN FL 34698

570002775955-9
 02/15/99-01133-004
 ****297.50 ****297.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GUERRINI-WISE, NANCY
 1172 SOMERSET CIRCLE S
 DUNEDIN FL 34698

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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, Secretary
 REGISTERED AGENT MUST SIGN

Date

02-02-99

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

Date

Daytime Phone #

02-02-99

CR2040 (9/96)