

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
11 NOV -3 AM 11:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **M09330**

1. Corporation Name  
**INDIAN BEACH - SAPPHIRE SHORES  
ASSOCIATION, INC.**

2. Principal Office Address - No P.O. Box #  
**1605 MAIN STREET**

Suite, Apt. #, etc.  
**STE 1111**

City & State  
**SARASOTA, FL**

Zip Country  
**34236 U.S.**

3. Mailing Office Address  
**P.O. BOX 49673**

Suite, Apt. #, etc.  
**0**

City & State  
**SARASOTA, FL**

Zip Country  
**34236 U.S.**

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida **05/16/1985**

5. FEI Number **35-2562858**  
 Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$0.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
**JOHN J. LYONS**

Street Address (P.O. Box Number is Not Acceptable)  
**1605 MAIN STREET**

Suite, Apt. #, Etc.  
**STE 1111**

City  
**SARASOTA**

State Zip Code  
**FL 34236**

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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 *John J. Lyons*  
REGISTERED AGENT MUST SIGN

Date **10/25/11**

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
P	VALD SVEKIS	406 WOODLAND DR.	SARASOTA, FL 34234
VP	DAVID MORRIS	4900 BRYWILL CIRCLE	SARASOTA, FL 34234
T	GREG SHEA	614 BEVERLY DR.	SARASOTA, FL 34234
S	DARIAN HOYT MILLER	5301 STEVENS DR.	SARASOTA, FL 34234

**REINSTATEMENT**

10-11  
B 11/3/11

10. E-mail Address: **ADMIN@IBSSA.WS**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: *Vald Svekis* **VALD SVEKIS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10/26/11** 941-359-0883  
Daytime Phone #