

FL 050 00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JUN -7 AM 9:45

DOCUMENT # N12401  
Corporation Name  
waters Edge Townhomes Home Owner's Association, Inc.

Principal Office Address  
822 Montclair Rd.  
Suite, Apt. #, etc.

Mailing Office Address  
1822 Montclair Rd.  
Suite, Apt. #, etc.

REINSTATEMENT 92-01

City & State  
Clearwater, FL.

City & State  
Clearwater, FL.

4. Date Incorporated or Qualified To Do Business in Florida 12/05/1985  
5. FEI Number Applied For  Not Applicable  
6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

Zip Country  
33763 Pinellas, USA

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33763 Pinellas, USA

7. Name and Address of Current Registered Agent

Name  
Agnes C. Rush  
Street Address (P.O. Box Number is Not Acceptable)  
1822 C Montclair Road  
Suite, Apt. #, Etc.  
City  
Clearwater  
State  
FL  
Zip Code  
33763

900004429689-6  
-06/19/01--01039-022  
\*\*\*1916.25 \*\*\*\* 87.50

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 Agnes C. Rush Date 6-4-01  
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
MD	Rush, Peter S.	87 Willow Avenue	Larchmont, N.Y. 10538
SD	Rush, Agnes C.	1822c Montclair Rd	Clearwater, FL. 33763
IP, D	Rush, Melanie Kubat	87 Willow Avenue	Larchmont, N.Y. 10538

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 under section 119.07(3)(f), 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: Peter Rush Date 6/4/01 (212) 297-9047  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (8/00)