

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 8:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **N13469**

1. Corporation Name

KING'S BAY COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 771021
WINTER GARDEN FL 34777

P.O. BOX 771021
WINTER GARDEN FL 34777

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
PO Box 1021 34777

3. New Mailing Office Address, If Applicable
PO Box 1021 34777

City & State
WINTER GARDEN, FL
Zip
34777 Country
USA

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WINTER GARDEN, FL
Zip
34777 Country
USA

REINSTATEMENT 0.3



600023988026

10/21/03--01148--001 **\$1.25

4. Date Incorporated or Qualified To Do Business in Florida **02/18/1986**

5. FEI Number **NOT APPLICABLE** 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	4 City / State / Zip
D	GALLANGER, JAMES	411 TIMBER CREEK DR N	WINTER GARDEN FL 34787
S	CANFIELD, JEFFREY M	332 BAYSIDE AVE	WINTER GARDEN FL 34787
D	PHELPS, ROBERT	320 BAYSIDE AVE	WINTER GARDEN FL 34787
D	BUTTERWORTH, WALTER	300 N PARK AVE	WINTER GARDEN FL 34787
T	CARRIS, JERRY	347 BAYSIDE AVE	WINTER GARDEN FL 34787
T	HAMILTON, STEVE	344 N. PARK AVE.	WINTER GARDEN FL 34787

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HAMILTON, STEVEN W
344 N PARK AVE
WINTER GARDEN FL 34787

Name _____

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

Suite, Apt. #, Etc. _____

City _____ State **FL** 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. or 617.0505, F.S.

Signature of Registered Agent

Steven W. Hamilton

Date **10-11-03**

REGISTERED AGENT MUST SIGN

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., 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:

Steven W. Hamilton

10-11-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)