

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2006 JUL -5 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N13507*

1. Corporation Name

minimum
AEGEAN HIDEAWAY CONDO ASSOC INC

2. Principal Office Address

676 76TH AVE

3. Mailing Office Address

676 76TH AVE

Suite, Apt. #, etc.

#4

Suite, Apt. #, etc.

#4

City & State

ST PETE BEACH FL

City & State

ST PETE BEACH FL

Zip

33706

Country

PINELLAS

Zip

33706

Country

PINELLAS

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

2/20/1986

5. FEI Number

26-9120316

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CAROL Y RICHARDSON, EA

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

9375 US HWY 19 N

Suite, Apt. #, Etc.

SUITE B

City

PINELLAS PARK

State

FL

Zip Code

33782

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

Carol Y. Richardson, EA
REGISTERED AGENT MUST SIGN

Date

6-26-06

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	GREG MASTERSON	676 76TH AVE	ST PETE BEACH FL 33706

000077380730

07/12/06--01012--013 **245.00

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Greg Masterson
6/26/08 502-767-5398

Date

Daytime Phone #