


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N15520

1. Corporation Name

EMBASSY PLAZA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

13839 U.S. HIGHWAY 98 BYPASS
DADE CITY FL 33525

Mailing Address

13839 U.S. HIGHWAY 98 BYPASS
DADE CITY FL 33525

FILED
05 JAN 24 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

05

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/19/1986	
City & State		City & State		5. FEI Number	
Zip		Country		59-2712553	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				S\$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	SMITH, STEPHEN P.	13839 U.S. HIGHWAY 98 BYPASS	DADE CITY FL 33525
SD	JOHNSON, HJALMA E	13825 U.S. HIGHWAY 98 BYPASS	DADE CITY FL 33525
TD	ROBERTS, KEVIN T	13924 7TH STREET	DADE CITY FL 33525

800045657608
01/31/05--01010--012 **350.00

800045657608
01/31/05--01010--012 **131.25

8. Name and Address of Current Registered Agent

MCCLAIN, JOE A
37908 CHURCH AVENUE
DADE CITY FL 33525

9. Name and Address of New Registered Agent

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.

Signature of Registered Agent


REGISTERED AGENT MUST SIGN

Date

1-17-05

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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN P. SMITH

Date

1/20/05

Daytime Phone #

(352)
567-2933

CR2E040 (8/01)