

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUL -8 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N20341

1. Corporation Name

St. Augustine Shores Recreational and
Social Association

2. Principal Office Address

423 Cassandra Lane

3. Mailing Office Address

423 Cassandra Lane

Suite/Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Augustine, FL

City & State

St. Augustine, FL

Zip

32086

Country

St Johns

Zip

32086

Country

St Johns

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/27/87

5. FEI Number

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

Edna E. Peppin

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

423 Cassandra Lane

Suite, Apt. #, Etc.

City

St Augustine

State

FL

Zip Code

32086

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

Edna E. Peppin

Date July 5, 2003

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
P/D	Edna E. Peppin	423 Cassandra Lane	St Augustine, FL 32086
V/D	Marilyn Davis	774 Gilda Drive	St Augustine, FL 32086
T/D	Lourdes Brenick	1310 Royal Troon Lane	St Augustine, FL 32086
CS/D	Ruth Comrge	367 Graciela Circle	St Augustine, FL 32086
RS/D	Leslie Strickland	421 Orchid Road	St Augustine, FL 32086
D	Donald Muchtin	1025 San Rafael Drive	St Augustine, Bch, FL 32086

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)(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:

Edna E. Peppin
EDNA E. PEPPIN

904-797-3220

July 5, 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

9. Continued

Names and Addresses of Officers and Directors

D	Priscilla Pitman	159 Shore Blvd	St Augustine, FL 32086
D	Loma Rubovsky	512 Rio Ct	St Augustine, FL 32086
D	Nicholas Schneider	216 Phoenetia Dr	St Augustine, FL 32086
D	James Sheneman	849 Rita Circle	St Augustine, FL 32086
D	Mary Stallings	241 Bluebird Ln	St Augustine Beach, FL 32080