PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED 02 JUN 12 AM 9:28
DOCUMENT # N26440 1: Corporation Name Sheldon Shores Homeowners Association, ENC.		PALCRETARY OF a
2. Principal Office Address 8023 Shell don Roll Suite, Apt. #, etc.	3. Mailing Office Address P.D.Box 152873 Suite, Apt. #, etc.	REINSTATEMENT 95-02
City & State Tonoph, FL	City & State TampA, FL	4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number Applied For Not Applicable
33615 USA	33684 USA	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
Name Name Angela Snyder Street Address (P.O. Box Number is Not Acceptible) Suite, Apt. #, Etc. City City State State State State State State State State State Agent State State State State State State Agent Agent REGISTERED AGENT MUST SIGN 726.25 Adm 61.25 Ad		
Titles Name of Officers and/or Directors	/or Director (Florida nonprofit corporations must list at lea	
PD Angela Snig VD Susan Pages TD Aliee Huds	Jer 8023 Sheldon R Tanpa Fl 33 8023 Sheldon R 10mpa Fl 3 8023 Sheldon R 8023 Sheldon R	21#2 tamps, Fl 3365 3615 tamps, Fl 33615 21 157 vamps, Fl 33615
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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 filling 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: Date Date Daytime Phone #		

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