

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 NOV 10 PM 4:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N28985

1. Corporation Name

PARADISE BAY UNIT NO. 1 HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

3887 SAILWIND DR  
GULF BREEZE FL 32561  
US

Mailing Address

P O BOX 846  
GULF BREEZE FL 32561  
US

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.		10/25/1988	
City & State		City & State		5. FEI Number	
Zip		Zip		NOT APPLICABLE	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				S\$ 75 Additional Fee required for a Certificate of Status	

REINSTATEMENT 1999

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
PD	PUGH, GARLAND B	1618 PARADISE BAY DR	GULF BREEZE FL
VPD	BURKE, JAMES B	388 PARADISE BAY DR	GULF BREEZE FL
SD	ROSS, DAVID T	3887 SAILWIND DR	GULF BREEZE FL

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-11/23/99--01003--002  
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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROSS, DAVID T  
3887 SAILWIND DR  
GULF BREEZE FL 32561

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

*David T. Ross*

Date 11/1/99

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:

*David T. Ross*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/99

Date

850/932-6425

Daytime Phone #