

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

CORPORATION
~~REINSTATEMENT~~



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

FILED

02 JAN 22 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N28985**

1. Corporation Name
Paradise Bay Unit No. 1 Homeowners Association

2. Principal Office Address
1610 Paradise Bay Dr.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Gulf Breeze, Florida

City & State

Zip
32563

Country
Santa Rosa

Zip

Country

2001-2002 UBR

04/24/01 90335 002 61.25

4. Date Incorporated or Qualified To Do Business in Florida 10-25-88

5. FEI Number **NOT Applicable** 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

Tom Dozier

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

1610 Paradise Bay Dr.

Suite, Apt. #, Etc.

000004911840-9

-02/12/02--01059--001

*****61.25 *****61.25

City

Gulf Breeze

State
FL

Zip Code
32563

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

Tom Dozier

Date **11-29-01**

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
PD	Garland B. Pugh	1678 Paradise Bay Dr.	Gulf Breeze, Fl. 32563
VPD	James E. Burk	386 Paradise Bay Dr.	Gulf Breeze, Fl. 32563
SD	Tom Dozier	1610 Paradise Bay Dr.	Gulf Breeze, Fl. 32563

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:

Tom Dozier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-29-01
Date

850-595-6609
Daytime Phone #

CR2E081 (9/00)

2 of 2

12/28/01

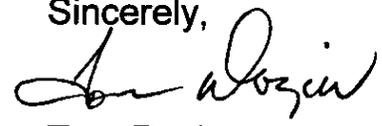
To whom it may concern:

We were told that a rejection letter was mailed to us but we never received it. We request that you waive any penalty fee and process our corporation documents.

Attached is a copy of your most previous letter to us and our Corporation Reinstatement Application.

Thank you for your attention to this matter and please contact us if there are any problems.

Sincerely,



Tom Dozier
Secretary Treasurer
Paradise Bay Unit 1.
Homeowners Association, INC.