

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

AND FILED

98 DEC -7 PM 1:19

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **N35986**

1. Corporation Name

**CLEARVIEW LAKE ESTATES HOMEOWNERS ASSOCIATION, INC**  
~~1046 25849~~

Principal Place of Business

Mailing Address

**C/O PAT MOORE, SECRETIARY  
 1773 SUNRISE PLACE  
 CLEARWATER, FL 33755**

**REINSTATEMENT 93-98**

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 <b>NOT SURE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>59-2991539</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
(D)	<b>President WILLIAM WEIGAND III</b>	<b>1924 Sky Dr Clearwater, FL 33755</b>	
(D)	<b>Vice President EUGENE DOEBERT</b>	<b>1774 Starlight Dr Clearwater, FL 33755</b>	<b>700002706627--6 -12/09/98--01005--031 *****542.50 ***** 542.50</b>
(D)	<b>Secretary PAT MOORE</b>	<b>1773 Sunrise Pl Clearwater, FL 33755</b>	
(D)	<b>Treasurer LAURA E POTTER</b>	<b>1707 Algonquin Dr Clearwater, FL 33755</b>	<b>700002706627--6 -12/09/98--01005--032 *****8.75 *****8.75</b>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**SYD SNAIR  
 1912 CLEARVIEW LAKE DR  
 CLEARWATER FL 34615**

Name **PATSY A. "PAT" MOORE**  
 Street Address (P.O. Box Number Is Not Acceptable)  
**1773 Sunrise Place**  
 Suite, Apt. #, Etc.  
 City **Clearwater** State **FL** Zip Code **33755**

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

*Patsy A. Moore*  
 REGISTERED AGENT MUST SIGN

Date **11-14-98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes  No  **N/A**

(See other side for information on intangible tax.)

12. 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.

1-727-447-8198

SIGNATURE:

*Patsy A. Moore*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**DIRECTOR AND SECRETARY**

Date

Daytime Phone #

**PATSY A. MOORE 11/14/98**

CR2E940 (1/89)