PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.							
APPLICATION FLORIDA FOR SIGNATION					FILED		
					96 DEC -9 PH 1:44		
DOCUMENT # N46139							
MARINER KEY PROPERTY OWNERS' ASSOCIATION, INC.					SECRETARY CF STATE TALLAHASSEE, FLORIDA		
Principal P	Principal Place of Business Mailing Address						
SUITE SO	itrepark blvd 9 Lm Beach Fl. 33401-7490	1400 Centrepari Suite 909 West Palin Beac		0			
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							
Suite, Apt. #, etc. Suite, Apt. #				<u></u>		orated or Qualified ness in Florida 11	/20/1991
City & State	e	City & State	<u>втю</u> н Всн	· · · · •	5. FEI Number	65-0305498	Applied For Not Applicable
Zip	Country	Zip 334-08		<u> </u>	6. CERTIFICATE		5 Additional Fee required or a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)							
Title(s) 1	Name of Officers           and/or Directors           2           3			eet Address of Eacl icer and/or Director se Post Office Box	•	City / State / Zip 4	
-29	- FREEMAN, DONALD J -	_14	1400-CENTREPARK BLVD			WEST PALM BEACH FL>	
ТО	PONCY, GEORGE JR	101 EB8TIDE ROAD			N PALM BEACH FL		
VD	BEAVER, BRIAN	12 DAVIT DRIVE			N PALM BEACH FL		
VD	GAETA, LOUIS	52	528 CORSIAR DRIVE			N PALM BEACH FL	
SD	SAIONTZ, SHARON	10	101 DAVIT DRIVE			N PALM BEACH FL	
				BBFIDE DR. N. PALIT BEACH, FL			
8. Name and Address of Current Registered Agent         9. Name and Address of New Registered Agent           •         Name							
FREEMAN, DONALD J. 1400 CENTREPARK BLVD				Street Address (P.O. Box Number is Not Acceptable)			
SUITE 909				Suite, Apt. #, Etc			
WEST	FPALM BEACH FL 33401	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							
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No       (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.							
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Date Daytome Phone #							

December 6,1996 161 Ebbtide Dr. N. Palm Beach, FL 33408

Division of Corporations Florida Department of State P.O. Box 6327 Tallahassee, FL 32314

Sir:

enclosed find the application for reinstatement.

The 1996 Corporate Annual Report was actually filed on time, but the enclosed check was returned because it was filled out in an incomplete manner. After filling in the blank areas on the check, I returned it thinking that once again I had complied with the requirement to file the report.

So I was surprised to receive this notice of Administrative dissolution.

I am one of the newly elected Board members, and this was the first time we had to file this corporate report. Please wave the reinstatement fee and accept the enclosed check for \$61.25, the original amount required. I am truly sorry for this confusion and will see to it that this never happens again.

Sincerely,

ar Ule Janja Carl T. Panzareja

Carl T. Panzarella President Mariners Key Homeowners Association

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