

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

99 JAN -6 PM 4:32

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N48134**

1. Corporation Name

ARIETTA LANDINGS HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~506 SHALISA BLVD~~
 AUBURNDALE FL 33823
 US

~~506 SHALISA BLVD~~
 AUBURNDALE FL 33823
 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~517 SHALISA BLVD~~

3. New Mailing Office Address, If Applicable

~~517 SHALISA BLVD~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

~~AUBURNDALE FL~~

City & State

~~AUBURNDALE FL~~

Zip

~~33823~~

Country

~~US~~

Zip

~~33823~~

Country

~~US~~

REINSTATEMENT 98

4. Date Incorporated or Qualified To Do Business in Florida

03/31/1992

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. 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 D/D	MCCARTHY, TERESA LOMBARDI, ANNE	614 SHALISA BLVD 517 SHALISA BLVD	AUBURNDALE FL 33823
D T/D	BERGFELD, GENE R GRAY, THOMAS	610 SHALISA BLVD 515 SHALISA BLVD	AUBURNDALE FL 33823
D S/D	SIMS, ANGEL SULLIVAN, BELINDA	506 SHALISA BLVD 529 SHALISA BLVD	AUBURNDALE FL 33823
D	SIMS, DAVID	506 SHALISA BLVD	AUBURNDALE FL 33823
			400002733604--5 -01/07/99--01081--011 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~SIMS, DAVID~~
 506 SHALISA BLVD
 AUBURNDALE FL 33823-9668

Ann

Name
 Anne Lombardi
 Street Address (P.O. Box Number is Not Acceptable)
 517 Shalisa Blvd
 Suite, Apt. #, Etc.

City
 Auburndale

State
 FL

Zip Code
 33823

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

Ann Lombardi

NOTICE REQUIRED

Date

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

Ann Lombardi
NOTICE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-31-98 941-967-5035
 Date Daytime Phone #

006871 AF

CONSUMER COUNSELING SERVICES, INC.

Principal Place of Business

2190 N.W. 18TH AVENUE
 SUITE #A-6
 POMPANO BEACH FL 33069

Mailing Address

2190 N.W. 18TH AVENUE
 SUITE #A-6
 POMPANO BEACH FL 33069

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0011/11002

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