

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N49258			
1. Corporation Name STUART-TRADE CENTER PROPERTY OWNERS ASSOCIATION, INC.			
Principal Place of Business 3121 SE WAALER STREET STUART FL 34997 US		Mailing Address 3121 SE WAALER STREET STUART FL 34997 US	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable 9011 SW Old Kansas Ave Stuart, FL 34997 USA		3. New Mailing Office Address, If Applicable 9011 SW Old Kansas Ave Stuart, FL 34997 USA	
City & State STUART, FL 34997		City & State STUART, FL 34997	
Zip 34997		Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 06/08/1992			
5. FEI Number NOT APPLICABLE			
6. CERTIFICATE OF STATUS DESIRED <input 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
PD	RICE, CRAIG	9011 SW OLD KANSAS AVE	STUART FL
VD	TIEMEYER, THEODORE N	10760 SW 254 STREET	MIAMI FL 33032
STD	SAMPSON, DOUGLAS	8851 SW OLD KANSAS AVENUE	STUART FL 34997
8. Name and Address of Current Registered Agent RICE, CRAIG 3121 SE WAALER STREET STUART FL 34997		9. Name and Address of New Registered Agent Name Craig Rice Street Address (P.O. Box Number is Not Acceptable) 9011 SW Old Kansas Ave Suite, Apt. #, Etc City Stuart State FL Zip Code 34997	
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 Craig Rice Date 12-29-98 REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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: Craig Rice SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 12/29/98 Daytime Phone # 561 2839197	