

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 # N49482		FILED 98 JUN 10 AM 9:37 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name ALAFIA RIVER CLUB HOME OWNERS ASSN. W98-12538			
Principal Place of Business ALAFIA RIVERFRONT INC.		Mailing Address c/o CHARLES LENNARD 8733 BARCIN CIR. RIVERVIEW, FL 33569	
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.		8733 BARCIN CIR.	
City & State		City & State RIVERVIEW FL	
Zip		Zip 33569	
Country		Country HILLSBOR.	
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number 59-2981346	
Applied For		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
PRES/D	CHARLES LENNARD	8733 BARCIN CIR.	RIVERVIEW, FL 33569
V.PRES/D	C. NORMA MOORE	8866 BARCIN CIR.	" "
SECR/D	JOANNE LATHAM	8759 BARCIN CIR.	"
TREAS/D	MARGARET CARR	8841 BARCIN CIR.	"
8. Name and Address of Current Registered Agent			
9. Name and Address of New Registered Agent			
Name CHARLES LENNARD			
Street Address (P.O. Box Number is Not Acceptable) 8733 BARCIN CIR.			
Suite, Apt. #, Etc.			
City RIVERVIEW, FL 33569			
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 Charles Lennard CHARLES LENNARD Date 5/27/98			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: C. Norma Moore C. NORMA MOORE 5/27/98 813-677-5859			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E040 (12/96)