

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 # N49564

1. Corporation Name

AIRPORT PLAZA OWNERS ASSOCIATION, INC.

FILED

97 APR 18 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1751 MOUND ST SUITE 105 SARASOTA FL 34236	1751 MOUND ST SUITE 105 SARASOTA FL 34236



REINSTATEMENT *96-97*

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/25/1992	
City & State		City & State		5. FEI Number	
Zip		Country		65-0525357	
				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
PD	WATERS, GILBERT	1751 MOUND STREET, STE. 104	SARASOTA FL 34236
DS	STRODE, WILLIAM C	720 S. ORANGE AVE.	SARASOTA FL 34236
D	WATERS, MICHAEL	1751 MOUND STREET, STE. 104	SARASOTA FL 34236
			500002152065--0 -04/23/97--01077--010 ****297.50 ****297.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WATERS, GILBERT
1751 MOUND STREET
SUITE 105
SARASOTA FL 34236

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
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 *G Waters* Date _____
REGISTERED AGENT MUST SIGN

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

G Waters GILBERT WATERS

3-14-97 Date

91957 0110 Daytime Phone #

CR2E040 (7/96)