PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

03 NOV 19 AH 8: 35

SECRETARY OF STATE TALLAHASSEE FLORIDA

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N50986

1. Corporation Name

Egret's Pass Homeowners Association, _

REINST	V-LAILVIENT	01-05

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		7. Name	and Address of Current Reg	gistered Agent	
^{zi} 32625	Country USA	² 32625	CountryUSA	CERTIFICATE OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status
7:0	Country	7:-		59-3174569	Not Applicable
Čedar Ke	ey, FL	City & State Cedar Ke	y, FL	5. FEI Number	Applied For
City & State		City & State		To Do Business in Florida 09/22/92	
		5		4. Date Incorporated or Qualified To Do Business in Florida	0/22/02
Suite, Apt. #, etc.	The second secon	Suite, Apt. #, etc.	***************************************	,	
16351 Eq	gret's Lane	3. Mailing Office A	160	11/19/0301020-	
2. Principal Office Address		3. Mailing Office Address			

* I really and Address of Current Registered Agent			
,	Name Charles R. Nelson	•	
00.) 3 00091.7 (9): 18.	Stréet Addréss (P.O. Box Number is Not Acceptable)		
Contraction Contraction	Suite, Aptr#; Etc.		
· [Cedar Key	State FL	^{Zip Codd} 32625
to the control of	City		^{Zip C} 32625

8.	8. I, being appointed the registered agent of the above named corporation, am familia:	with and accept the obligations of section 607.0505 or 617.0503, F	s

Registered Agent

Georges A. Delso

Date 11/17/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Charles R. Nelson	16351 Egret's Lane	Cedar Key, FL 32625
VP	Charles Voinche	16363 SW Airport Road	Cedar Key, FL 32625
Sec.	Claudette C. Nelson	16351 Egret's Lane	Cedar Key, FL 32625
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10. 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 filling 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

(352) 543-9598

Daytime Phone #