## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

FILED **08** FEB 25 PM 4: 37

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## DOCUMENT # N92000000898

1. Corporation Name

Beach Club Estates of Apollo Beach Property Assoc.

2. Principal Office Address - No P.O. Box # 1406 Beach Club Lane Box 3245  Suite, Apt. #, etc. Suite, Apt. #,		Office Address	800 02/12/08	800117850888 02/12/0801025015 ++8.75 CR2E081 (12/07) CR2E081 (12/07) 4. Date incorporated of obtained to the Big		
		Suite, Apt. #, etc.				
City & State Apollo Beach, FL		City & State Apollo Beach, FL		5. FFI Number 5 9.3/2	Applied For	
Zip 33572	Country USA	Zip 33572	Country USA	6	E OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of State	
	7. Name and Addres	s of Current Regis	stered Agent		<u></u>	
	hitmyer  draes (P.O. Roy Number is Not Accents each Club Lane	inlo)	circur the p		einstatement fee is imposed, except in stances which the entity did not receive ior notices. By checking this box, you ertifying the prior notices were no	
Quito Ant	# 510		recei		ed and requesting the reinstatemen	
City Apollo I	Beach -		State 33572	. 03/24/0	60 6 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	
8. I, bein Signature Registered		while	oration, am familiar with and accept	ot the obligations of sect	Date 2/7/08	
9. Name	s and Street Addresses of Each Officer	and/or Director (Flo	orida nonprofit corporations must li	ist at least 3 directors)		
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip	
Pres	Joe Santos		1402 Beach Club Lane	 ;	Apollo Beach, FL 33572	
VPres	George Theodores		1420 Beach Club Lane		Apollo Beach, FL 33572	
Secty	Jo Anderton		1403 Beach Club Lane		Apollo Beach, FL 33572	
Treas	S Pam Roberts		1418 Beach Club Lane		Apollo Beach, FL 33572	
-			7.70	- 8001	<del>1-01004001 **61.</del> 25 17:8508:88	
	1			02712,708= 	01025014, <b>★+61.25</b> 0-1310	
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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 contained in Chapter 119, F.S. The information indicate on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

2/7/08