

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 OCT 19 PM 3:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000000056**

1. Corporation Name  
**SHENANDOAH HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business	Mailing Address
4814 SHADY VIEW CT SARASOTA FL 34232 US	4814 SHADY VIEW CT SARASOTA FL 34232 US



**REINSTATEMENT**

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 <b>01/07/1993</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>65-0393468</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	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	4. City / State / Zip
VP	REIN, DAVID	4814 SHADY VIEW CT	SARASOTA FL
PD	RETZKE, JAMES	117 SHADY PARKWAY	SARASOTA FL
TD	MARTIN, STEPHAN J	129 SHADY PARKWAY	SARASOTA FL
SD	WITHINGTON, ANN	4814 SHADY VIEW CT	SARASOTA FL
D	CAYER, ARTHUR	132 SHADY PKWY	SARASOTA FL
D	MARK, JEFF	4822 SHADY VIEW CT	SARASOTA FL

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
REIN, DAVID 4814 SHADY VIEW CT SARASOTA FL 34232 200003028302--D -10/28/99--01072--003 *****61.25 *****61.25	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State 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: *[Signature]* REGISTERED AGENT MUST SIGN Date: **10/13**

11. 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]* **DAVID REIN** Date: **10/13** Daytime Phone #: **3289094**