

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

**95-99AR**

FILED  
 99 JUN 24 PM 3:10  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **N94000000430**

1. Corporation Name  
**THE FOUNDRY HOMEOWNERS' ASSOCIATION, INC.**

Mailing Address **W99000014140 (SAME)**

500002918745--2  
 -06/29/99--01059--007  
 \*\*\*\*490.00 \*\*\*\*490.00

Principal Place of Business  
**201 FRONT ST., SUITE 103  
 KEY WEST, FLORIDA 33040**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

**REINSTATEMENT 95-99AR**

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **01/27/94**

5. FEI Number **65-0919182**

Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$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
P/D	JERRY COLEMAN	101 FRONT ST. #15	KEY WEST, FL 33040
V/D	TOD FAUBER	51 FRONT ST.	KEY WEST, FL 33040
S/T/D	CAROLANN SHARKEY	503 NOAH LANE	KEY WEST, FL 33040

8. Name and Address of Current Registered Agent

**STERLING J. CHRISTIAN  
 201 FRONT ST., SUITE 103  
 KEY WEST, FL 33040**

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City State Zip Code  
**FL**

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 **5/10/99**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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. All taxes 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]* **JERRY COLEMAN, PRESIDENT** 5/10/99 (305) 296-0556

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRS(040)(1198)