

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

1998 FEB 13 PM 4: 20

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N94000005684

1. Corporation Name

LEMON BAY ESTATES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

8456 Midnight Pass Rd.
 Sarasota, FL 34242

Same

600002433206--0
 -02/17/98--01092--002
 ***297.50 ***297.50

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

11/14/94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0603052

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DP	WEBER, CAROLYN E.	8456 Midnight Pass Rd.	Sarasota, FL 34242
DV	SMITH, A. C.	8456 Midnight Pass Rd.	Sarasota, FL 34242
DST	McDONALD, ELSIE M.	2133 Stratford Dr.	Sarasota, FL 34232

REINSTATEMENT

97-98
 2/5/98
 2/13/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DRYMON, JAMES J.
 22 S. Tuttle Ave., Suite 3
 Sarasota, FL 34237

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

James Drymon
 REGISTERED AGENT MUST SIGN

Date

Feb. 5, 1998

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., 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: *Elsie M. McDonald* - ELSIE M. McDONALD
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/98
 Date

941-366-5510
 Daytime Phone #

CR2E040 (1/98)