

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002572

1. Corporation Name

Homeowners Association of Indian Rocks Beach, Inc.

2. Principal Office Address

1515 Bay Palms

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 523

Suite, Apt. #, etc.

City & State

Indian Rocks Beach, FL

City & State

Indian Rocks Beach, FL

Zip

33785

Country

Pinellas

Zip

33785

Country

Pinellas

**4. Date Incorporated or Qualified
To Do Business in Florida**

May 26, 1995

5. FEI Number

65-0640904

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-03

7. Name and Address of Current Registered Agent

Name

Edward Piniero

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

1900 2nd Street

Suite, Apt. #, Etc.

Apt. 1

City

Indian Rocks Beach

State

FL

Zip Code

33785

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

Signature of
Registered Agent

Edward Piniero

Date February 26, 2003

REGISTERED AGENT MUST SIGN

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
P	Jean Scott	420 Harbor Dr. S.	Indian Rocks Beach, FL 33785
VP	Rudolph Valentino	604 Hidden Harbour Dr.	Indian Rocks Beach, FL 33785
S	Valerie Torres	501 Janice Pl.	Indian Rocks Beach, FL 33785
T	Edward Piniero	1900 2nd Street	Indian Rocks Beach, FL 33785
D	Daniel Torres	501 Janice Pl.	Indian Rocks Beach, FL 33785
D	Scott Shapiro	1505 Bay Pines Blvd.	Indian Rocks Beach, FL 33785

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 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)(f), 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:

Edward Piniero

Edward Piniero

02/26/03

727 595-0034

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25081 (10/02)

3/4

Directors continued:

title

D	Dave Gardella,	481 Harbor Dr. N.,	Indian Rocks Beach, Fl 33785
D	Wendi Carmody,	401 16th Ave.,	Indian Rocks Beach, Fl 33785
D	Elizabeth S. Daniels,	473 20th Ave.,	Indian Rocks Beach, Fl 33785
D	Claire Reilly,	339 12th Ave.,	Indian Rocks Beach, Fl 33785