

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

98 DEC -7 AM 11:09

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N96000002931**

1. Corporation Name

INDIAN KEY AT CORAL BAY VILLAGE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2001 WEST SAMPLE ROAD STE 305
 POMPANO BEACH FL 33064

2001 WEST SAMPLE ROAD STE 305
 POMPANO BEACH FL 33064



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

2. New Principal Office Address, If Applicable
7101 W Commercial Blvd
 Suite, Apt. #, etc.
4-A

3. New Mailing Office Address, If Applicable
PO Box 26478
 Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida
05/25/1996

City & State
Ft Lauderdale FL 33319

City & State
Ft Lauderdale FL

5. FEI Number **65-0814426**
APPLIED FOR
 Applied For
 Not Applicable

Zip **33319** Country **Broward**

Zip **33320-6478** Country **Broward**

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
D	TORN, HOWARD	2001 WEST SAMPLE ROAD STE 305	POMPANO BEACH FL 33064
D	TELEGADIS, SPIRO	2001 SAMPLE RD STE 305	POMPANO BEACH FL
D	MISHNER, CHARLES	2001 WEST SAMPLE ROAD STE 305	POMPANO BEACH FL 33064
DP	LINDA MINNICH	6229 Seminole Terr	Margate FL 33063
DS	Yvonne Serur	3355 Chickee Lane	Margate FL 33063
DT	Tracy C. Farley	3309 Orinoco Lane	Margate Fl 33063

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
Andrew Y Winston, Attorney at Law
 Street Address (P.O. Box Number is Not Acceptable)
500 Southeast 17 St Suite 200
 Suite, Apt. #, Etc.
100002708281--6 Suite 200
 City
Fort Lauderdale
 State
FL
 Zip Code
33316

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 **12-2-98**

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)(g), 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: *Linda Minnich* President 11/30/98 954-974-0812
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Linda Minnich Date Daytime Phone #
 WK 888-280-7730

CR2E040 (8/98)