

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: 04

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N97000000868**

1. Corporation Name

CASTAWAYS BEACH RESORT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2043 SOUTH ATLANTIC AVENUE
 DAYTONA BEACH SHORES FL 32118

2043 SOUTH ATLANTIC AVENUE
 DAYTONA BEACH SHORES FL 32118

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



REINSTATEMENT 99

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/13/1997 SP	
City & State		City & State		5. FEI Number	
Zip		Country		59-3158556	
				Applied For	
				Not Applicable	
				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
PD	SUMMER, W.L.	601 HALL OF FAME DRIVE	LAKE CITY FL 32055
STD	NERO, JUDY	309 VERMONT AVENUE	DAYTONA BEACH FL 32118
D	ANDERSON, EUGENE	1001 ARRENDONDO STREET	LAKE CITY FL 32055

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SUMMERS, W.L. 601 HALL OF FAME DRIVE LAKE CITY FL 32055		Name Judy Nero Street Address (P.O. Box Number is Not Acceptable) 2043 S. Atlantic Ave. Suite, Apt. #, Etc. City Daytona Beach State FL Zip Code 32118	

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]* **REQUIRED** Date **10/12/99**
 REGISTERED AGENT MUST SIGN

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: *Judy Nero* *[Signature]* Date **10/12/99** Daytime Phone # **904-254-8480**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2540 (8/99)