

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harrjs
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC -1 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000004957

1. Corporation Name
VILLAS AT WATERSIDE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: 145 WATERSIDE DR. MARCO ISLAND FL 34145
Mailing Address: 145 WATERSIDE DR. MARCO ISLAND FL 34145

REINSTATEMENT 99
[Barcode]

3/9/99 90010 010 \$10.25

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	08/27/1998
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number	59-3550181
City & State	City & State	Applied For	Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED	<input type="checkbox"/> \$9.75 A 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
D	GINIC, NICOLE	801 ELKHAM CIR., SUITE A-1 145 Waterside Circle	MARCO ISLAND FL 34145
D	CLAUSEN, BOB	801 ELKHAM CIR., SUITE A-1 145 Waterside Circle	MARCO ISLAND FL 34145
D	SELLS, DON	801 ELKHAM CIR., SUITE A-1 145 Waterside Circle	MARCO ISLAND FL 34145
			200003071832--2 -12/15/99--01104--002 ****175.00 ****175.00

8. Name and Address of Current Registered Agent PRICE, R. SCOTT 2640 GOLDEN GATE PKWY., SUITE 015 NAPLES FL 34105	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code
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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] Date: 11/29/99
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)(l), 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] 11/29/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone # KE