

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV 19 AM 10:50

DOCUMENT # N9800006243

1. Corporation Name
ST. TROPEZ AT HARBOUR ISLAND HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
~~401 EAST JACKSON STREET #2400 TAMPA FL 33602~~ ~~401 EAST JACKSON STREET #2400 TAMPA FL 33602~~

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

2. New Principal Office Address, if Applicable 100 N. Tampa Street Suite, Apt. #, etc. Suite 3500 City & State Tampa, FL Zip 33602 Country USA	3. New Mailing Office Address, if Applicable 100 N. Tampa Street Suite, Apt. #, etc. Suite 3500 City & State Tampa, FL Zip 33602 Country USA
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4. Date Incorporated or Qualified To Do Business in Florida 10/28/1998

5. FEI Number Applied For Not Applicable

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	4 City / State / Zip
D	TAUB, BRIAN	5101 SAN JOSE	TAMPA FL 33629
D	TAUB, DEBORAH	5101 SAN JOSE	TAMPA FL 33629
D	THOMAS, RUSSELL S	401 EAST JACKSON STREET #2400	TAMPA FL 33602
D	THOMAS, RUSSELL S	100 N. TAMPA STREET # 3500	TAMPA, FL 33602

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236.25 236.25

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
THOMAS, RUSSELL S ESQ. 401 EAST JACKSON STREET #2400 TAMPA FL 33602	Name THOMAS, RUSSELL S. ESQ. Street Address (P.O. Box Number is Not Acceptable) 100 N. TAMPA STREET Suite, Apt. #, Etc. SUITE 3500 City TAMPA State FL Zip Code 33602

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of Registered Agent THOMAS, RUSSELL S. ESQ. Date 11/1/99
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: THOMAS, RUSSELL S. ESQ. Date 11/1/99 Daytime Phone # 813 225 5040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REINSTATEMENT 95

CR25040 (8/99)