PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JUN 27 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # N99000000123

1. Corporation Name

Tern Bay Homeowner's Association, Inc.
545 Pinellas Bayway
Tierra Verde, FL 33715

REINSTATEMENT 00-02

2. Principal Office Address		**3.** Mailing Office Address	
545 Pinellas Bayway		545 Pinellas Bayway	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Tierra Verde, FL		Tierra Verde, FL	
Zip	Country	Zip	Country
33715	Pinellas	33715	Pinellas

4. Date Incorporated or Qualified To Do Business in Florida 1/7/99

5. FEI Number 59-3561312 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
DAVID A. BACON, ESQUIRE

500006105065--9
-06/28/02--01053-009
****306.25 ****306.25

Street
2959 First Avenue North

Suite, Apt. #, Etc.

City: St. Petersburg State: FL 33713

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 _____ Date 6/25/02

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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/D	Gil Murphy	545 Pinellas Bayway #301	Tierra Verde. FL 33715
VP/D	Bob Green	545 Pinellas Bayway #101	Tierra Verde, FL 33715
T/D	Ann Lewis	545 Pinellas Bayway #302	Tierra Verde, FL 33715
S/D	Brian Carroll	545 Pinellas Bayway #403	Tierra Verde, FL 33715
D	Phil DiGenova	545 Pinellas Bayway #303	Tierra Verde, FL 33715

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)(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: Gil Murphy 6/14/02 727-865-1959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Gil MURPHY