

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**  
00 DEC -6 AM 11:57  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

500003508935--3  
-12/20/00--01053--031  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

**DOCUMENT #** N99000000100  
1. Corporation Name  
SHORES OF LONG BAYOU XIV CONDOMINIUM ASSOC.

2. Principal Office Address  
6330 99th WAY N  
Suite, Apt. #, etc.  
City & State  
ST. PETERSBURG, FL  
Zip 33708 Country

3. Mailing Office Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

**REINSTATEMENT**

4. Date Incorporated or Qualified To Do Business in Florida 2/15/99

5. FEI Number 59-3565263 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 Community Management Concepts, Inc.  
Street Address (P.O. Box Number is Not Acceptable) 4175 East Bay Drive  
Suite, Apt. #, Etc. Suite 205  
City Clearwater State FL Zip Code 33764

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 [Signature] Date 12/5/00  
REGISTERED AGENT MUST SIGN

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
Pres.	George A. Johnson, Jr.	6330 99th Way N. # 14F	St. Petersburg, FL 33708
V. Pres.	Norma Westeros	6330 99th Way N. # 14A	St. Petersburg, FL 33708
Sec. / Treas.	Jill Foutz	6330 99th Way N. # 14E	St. Petersburg, FL 33708

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**KE**

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: [Signature] George A. Johnson Date 12/05/00 (727) 394-9529  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)