
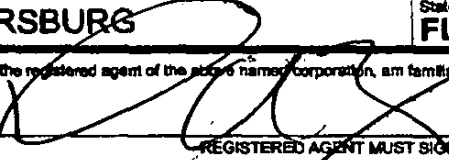
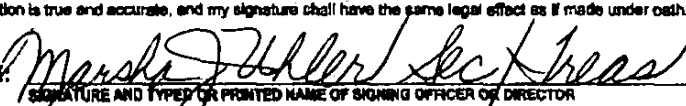


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 07 AUG 21 PM 1:39 FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # N99000002643					
1. Corporation Name GOLFSIDE AT BELLEAIR HOMEOWNERS ASSOCIATION, INC.					
2. Principal Office Address - No P.O. Box # 923 OSCEOLA ROAD		3. Mailing Office Address 923 OSCEOLA ROAD		REINSTATEMENT CR2E081 (1/07) 03-07	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 04/29/1999	
City & State BELLEAIR, FL.		City & State BELLEAIR, FL.		5. FEI Number 59334557	
Zip 33756	Country USA	Zip 33756	Country USA	Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				7. Name and Address of Current Registered Agent ZACUR, RICHARD A. ESQ. 5200 CENTRAL AVE. ST. PETERSBURG	
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.				<input type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
Signature of Registered Agent 				Date 8/16/07	
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	KEHRER, JOEL	927 OSCEOLA ROAD	BELLEAIR, FL. 33756		
V.P	HOSKINSON, BARBARA	929 OSCEOLA ROAD	BELLEAIR, FL. 33756		
SEC	UHLER, MARSHA	923 OSCEOLA ROAD	BELLEAIR, FL. 33756		
TRES	UHLER, MARSHA	923 OSCEOLA ROAD	BELLEAIR, FL. 33756		
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 contained in Chapter 118, 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: 				Date 8/16/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 727 581 9850	