


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 099000003321			
1. Corporation Name THE BLUFF AT SECLUDED DUNES HOMEOWNERS ASSOCIATION, INC.			
2. Principal Office Address 206 E. 4th Street Suite, Apt. #, etc. City & State Port St. Joe, FL 32456 Zip 32456 Country USA		3. Mailing Office Address 206 E. 4th Street Suite, Apt. #, etc. City & State Port St. Joe, FL 32456 Zip 32456 Country USA	

FILED

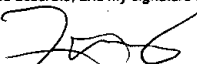
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 00-01

4. Date Incorporated or Qualified To Do Business in Florida 5/27/99	
5. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Thomas S. Gibson	
Street Address (P.O. Box Number is Not Acceptable) 206 E. 4th Street	
Suite, Apt. #, Etc.	
City Port St. Joe	
State FL	Zip Code 32456

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 8/10/01	
REGISTERED AGENT MUST SIGN Thomas S. Gibson			
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
PD	William J. Rish, Jr.	206 E. 4th Street	Port St. Joe, FL 32456
VD	Joshua Paillet	322 Royal Street	New Orleans, LA 70130
STD	Thomas S./Gibson	206 E. 4th Street	Port St. Joe, FL 32456
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: 		8/10/01 (850) 229-8211	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E081 (8/00)