

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 01 DEC 31 AM 10:41

DOCUMENT # **N00000003397**

1. Corporation Name

SABAL TRACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

1017 CASSEEKEY LANE
 VERO BEACH FL 32963

Mailing Address

1017 CASSEEKEY LANE
 VERO BEACH FL 32963



REINSTATEMENT

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

05/18/2000

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
PD	PETERS, ROBERT A	1017 CASSEEKEY LANE	VERO BEACH FL 32963
STD	PETERS, NEAL	3427 67TH STREET	VERO BEACH FL 32967
B	PETERS, V. JOLYN	1017 CASSEEKEY LANE	VERO BEACH FL 32963
D	Eichelberger, Caryn	6101 DeLeon Ave	Ft. Pierce FL 34951
			6000004769896--8 -01/11/02--01060--026 ***236.25 ***236.25

8. Name and Address of Current Registered Agent

PETERS, ROBERT A
 1017 CASSEEKEY LANE
 VERO BEACH FL 32963

9. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State **FL** Zip Code _____

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 11-20-01

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-20-01

Date

Daytime Phone #

CR2E040 (8/01)