


APPROVAL AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **NO0000003397**

1. Corporation Name  
**SABAL TRACE HOMEOWNERS ASSOCIATION, INC**

2. Principal Office Address  
**5867 22 street**

3. Mailing Office Address  
**1811 7AVE**

Suite, Apt. #, etc.

City & State  
**VERO BEACH FLORIDA**

City & State  
**VERO BEACH FLORIDA**

Zip Country  
**32966 USA**

Zip Country  
**32960 USA**

K. Eckel AUG 18 2005

REINSTATEMENT 03-05

WOS-37050

4. Date Incorporated or Qualified To Do Business in Florida  
**5/18/2000**

5. FEI Number  
**04-3652489**

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

7. Name and Address of Current Registered Agent

Name  
**JEAN FRANCOIS Petitbois**

Street Address (P.O. Box Number is Not Acceptable)  
**1811 7AVE**

Suite, Apt. #, Etc.

City  
**VERO BEACH**

State  
**FL**

Zip Code  
**32960**

000058879710  
08/23/05--01021--005 \*\*353.75

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  
**Jean F Petitbois**

Date  
**7/25/2005**

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  |
|----------|-----------------------------------|--|---------------------|
| P        | JEAN FRANCOIS Petitbois           | 1811 7AVE                                      | VERO BEACH FL 32960 |
| M VP, TS | Hilda M. Petitbois                | 1811 7AVE                                      | VERO BEACH FL 32960 |
| T        | RANDY PAYNE                       | 5831 22 street                                 | VERO BEACH FL 32966 |
|          |                                   |  |                     |
|          |                                   |  |                     |

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(2)(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: **Jean F Petitbois**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date  
**7/25/2005**

Daytime Phone #  
**772 978-0138**

JEAN F. Petitbois (772)9780138