

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # 725860

1. Corporation Name

CASA BLANCA OWNERS' ASSOCIATION
INC

Principal Place of Business

Mailing Address

850 S. ATLANTIC AVE
COCOA BEACH
FL 32931

200 N FIRST ST
COCOA BEACH
FL 32931

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

3/20/73

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3753180

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	RANDALL D SMITH	3165 N ATLANTIC AIDS	COCOA BEACH FL 32931
S/D	NICOLE M DEMETER	3165 N ATLANTIC AIDS	COCOA BEACH FL 32931
D	DENA M SMITH	3165 N ATLANTIC AIDS	COCOA BEACH FL 32931
			100005096891--5 -03/12/02-01042-032 ****297.50 ****297.50 LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

RANDALL D SMITH

Street Address (P.O. Box Number is Not Acceptable)

3165 N ATLANTIC AIDS

Suite, Apt. #, Etc.

City

COCOA BEACH

State

FL

Zip Code

32931

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

Randall D Smith
REGISTERED AGENT MUST SIGN

Date 2/6/02

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Randall D Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RANDALL D SMITH
Date

PRES 2/6/02
Daytime Phone #

321-693-0093

CR2E081 (12/98)