

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

09 JUL -1 AM 4:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 728794

1. Corporation Name

Cayman Cay Villas Condominium Association, Inc

2. Principal Office Address - No P.O. Box #

4307 Gulf Drive

3. Mailing Office Address

1602 86th Court N.W.

Suite, Apt. #, etc.

#101

Suite, Apt. #, etc.

City & State

Bradenton Beach, FL

City & State

Bradenton, FL

Zip

34217

Country

USA

Zip

34209

Country

USA

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

02/11/1974

5. FE Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

John F. Lakin, Esq.

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

1401 Manatee Avenue West

Suite, Apt. #, Etc.

Suite 1100

City

Bradenton

State

FL

Zip Code

34205

☐ 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.

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

REGISTERED AGENT MUST SIGN

Date 6/24/09

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/D	Rod Forinash	1602 86th Court, N.W.	Bradenton, FL 34209
VP	Mike Yandek	1480 Warren Road	Lakewood, OH 44107
S/D	Kim Ganey	6208 Shore Acres Dr., N.W.	Bradenton, FL 34209
T/D	Kathy Forinash	1602 86th Court, N.W.	Bradenton, FL 34209

REINSTATEMENT

RH

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07/01/09--01003--007 **358.75

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:

Kathy Forinash

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-22-09

Date

941-328-1220

Daytime Phone #