PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

98-00012

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

99 APR 22 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 749450

1. Corporation Name GREEN DOLPHIN PARK CONDOMINIUM ASSOCIATION, INC.

200002856502--4
-04/29/99--01072--003
****122.50 ****122.50

Principal Place of Business	Mailing Address
c/o Crown Realty & Mgmt 210 S. Pinellas Ave Ste#170 Tarpon Springs, FL 34689	(same)

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
210 S.Pinellas Ave Suite, Apt. #, etc 170	same Suite, Apt. #, etc
City & State Tarpon Springs, FL	City & State
Zip 34689 Country Pinellas	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 1979

FEI Number: 59-1939692 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P D	VARISCO, PHILLIP	1725 Golfview Dr.	Tarpon Springs, Fl 34689
V D	ACAMPORA, LOU	1250 S. Pinellas #611	" "
S D	BULLOCK, RICHARD	1837 Golfview Dr.	" "
T D	JELLUM, HUGH	1250 S. Pinellas #501	" "
D	ARTUSO, SAM	1250 S. Pinellas #801	" "
D	HEMMER, JOHN	1250 S. Pinellas,#805	" "

8. Name and Address of Current Registered Agent

Fred Reimer

4800 Mile Stretch Rd.

Holiday, FL. 34690

9. Name and Address of New Registered Agent

Name: Mary Duray Maillis

Street Address (P.O. Box Number is Not Acceptable): c/o Crown Realty, 210 S. Pinellas Ave #170

Suite, Apt. #, Etc.

City: Tarpon Springs, State: FL Zip Code: 34689

CR2E041 (12/98)

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: Mary Duray-Maillis
REGISTERED AGENT MUST SIGN

Date: April 15, 1999

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒

(See back side for information regarding taxable status.)

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: X Philip Varisco, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/15/99 X 727-945-9024
Date Daytime Phone #