

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR 23 PM 2:46

SEAL
TALLAHASSEE, FLORIDA

DOCUMENT # 753765

1. Corporation Name

The Intercoastal Condominium Assoc,
19727 Gulf Blvd.
Indian Shores, FL 33785

2. Principal Office Address

Intercoastal Condo
Suite, Apt. #, etc.
#207

3. Mailing Office Address

19727 Gulf Blvd
Suite, Apt. #, etc.

City & State

Indian Shores, FL

City & State

#

Zip

33785

Country

Pinellas

Zip

Country

REINSTATEMENT

05.00

4. Date Incorporated or Qualified
To Do Business in Florida

08-14-1980

5. FEI Number

59-2192231

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

Charles Nelms

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

4175 E. Bay Dr.

Suite, Apt. #, Etc.

#250

City

Clearwater, FL

600073758216

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K. Eскеl MAR 28 2006

State
FL

Zip Code

33764

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 3/15/06

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
DR	Charles Nelms	4175 E. Bay Dr. #250	Clearwater, FL 33764
DT	David Lewis	19727 Gulf Blvd. #208	Indian Shores, FL 33785
VP/s	David Miller	3970 Lamont St.	Waterford, MI 48329
D	Carmen Perez	19727 Gulf Blvd #101	Indian Shores, FL 33785
D	Caroline Kay	19727 Gulf Blvd #110	Indian Shores, FL 33785
D	Greg Minadeo	19727 Gulf Blvd. #201	Indian Shores, FL 33785

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 119, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/06

Date

Daytime Phone #

727-531-7622