

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 DEC 17 AM 8:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 766581

1. Corporation Name

9TH STREET VILLAS CONDO ASSOCIATION

2. Principal Office Address

13907 N. DALE MABRY

3. Mailing Office Address

13907 N. DALE MABRY

Suite, Apt. #, etc.

#208

Suite, Apt. #, etc.

#208

City & State

TAMPA, FLORIDA

City & State

TAMPA, FLORIDA

Zip

33618

Country

USA

Zip

33618

Country

USA

REINSTATEMENT 86-07

4. Date Incorporated or Qualified  
To Do Business in Florida

11/17/83

5. FEI Number

59-2704334

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

CONDOMINIUM ALLIANCE MNGT. CORP - RAYMOND CRONIN

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

13309 WINDING OAK CT

400025562524

Suite, Apt. #, Etc.

STE - B

12/17/03--01064--003 \*\*127.50

City

TAMPA

State

FL

Zip Code

33612

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

Raymond Cronin  
REGISTERED AGENT MUST SIGN

Date

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	JANICE MAYNARD	922 OTTO VILLA PLACE	Tampa, FL 33612
D	ANTHONY SAFFORE	912 OTTO VILLA PLACE	Tampa, FL 33612
T	VLADIMIR FLORES	914 OTTO VILLA PLACE	Tampa, FL 33612
D	GREGORY DOWNEY	919 OTTO VILLA PLACE	Tampa, FL 33612
<del>DE</del>	<del>RAYMOND CRONIN</del>		

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(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:

VLADIMIR FLORES

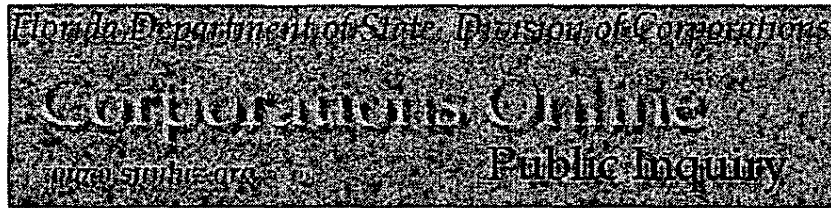
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

813-971-4245

Daytime Phone #

CR2E081 (10/02)



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**Florida Non Profit****9TH STREET VILLAS CONDO ASSOCIATION, INC.**

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**PRINCIPAL ADDRESS**

13907 N DALE MABRY #208  
TAMPA FL 33618  
Changed 03/12/1984

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**MAILING ADDRESS**

13907 N DALE MABRY #208  
TAMPA FL 33618  
Changed 03/12/1984

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**Document Number**  
766581

**FEI Number**  
000000000

**Date Filed**  
01/17/1983

**State**  
FL

**Status**  
INACTIVE

**Effective Date**  
NONE

**Last Event**  
INVOLUNTARILY  
DISSOLVED

**Event Date Filed**  
11/14/1986

**Event Effective Date**  
NONE

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**Registered Agent**

Name & Address
COVEY, GILBERT 11715 NO. 9TH STREET TAMPA FL 33612

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**Officer/Director Detail**

Name & Address	Title
PULLARO, JOSEPH 914 OTTO VILLA PLACE TAMPA, FL 00000	PDM
NICHOLLS, HAROLD % 13907 N DALE MABRY#208 TAMPA FL	VD