

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 AUG -8 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 769193

1. Corporation Name

VILLAS OF CEDAR KEY CONDOMINIUM ASSOCIATION

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

3600 BAL HARBOR BLVD

Suite, Apt. #, etc.

City & State

PUNTA GORDA FL

Zip

FL

Country

USA

3. Mailing Office Address

100 SULLIVAN STREET

Suite, Apt. #, etc.

STE 112

City & State

PUNTA GORDA FL

Zip

33950

Country

USA

REINSTATEMENT

CR2E081 (12/07)

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

592482948

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

JOAN GREENE

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

100 SULLIVAN STREET

Suite, Apt. #, Etc.

112

City

PUNTA GORDA

State

FL

Zip Code

33950

☒ 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

Joan Greene

REGISTERED AGENT MUST SIGN

Date **8-5-08**

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
PRES.	ROBERT TOOTHAKER	P O BOX 341	GUILFORD CT 06437
VP D	PETER GILLEN	3600 BAL HARBOR BLVD 2D	PUNTA GORDA FL 33950
SD	BARBARA KRATT	1 LA JOLLA LANE	ANNANDALE NJ 08801
TD	CARTER JOHNSON	1144 INVERNESS ST	PORT CHARLOTTE FL 33952

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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

Robert Toothaker

Date

8-5-08

Daytime Phone #