

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 20 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000001280

1. Corporation Name

EDGEWATER PLACE HOMEOWNERS, ASSOC

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

8503 EDGEWATER PL. 4585 140th AVE N.

Suite, Apt. #, etc.

BLVD

3. Mailing Office Address

Suite, Apt. #, etc.

SUITE 1012

City & State

TAMPA, FL

City & State

CLEARWATER, FL

Zip

33615

Country

Zip

33762

Country

REINSTATEMENT 09

300148215703
04/03/09 - 04/03/09 **35.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3709333

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

Street Address

COMMUNITY MANAGEMENT
CONCEPTS

Suite, Apt

4585 140th Ave North
Suite 1012

City

Clearwater, FL 33762

State

FL

Zip Code

☐ 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.

300148215703

04/21/09 - 01/02/10 **201.25

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

Rufus Blais

REGISTERED AGENT MUST SIGN

Date

4/15/09

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	REBECCA RIVA	8503 EDGEWATER PL BLVD	TAMPA, FL 33615
VP	SANTA L UZ	8405 EDGEWATER PL	TAMPA, FL 33615
S	EMILY PAGEN	8431 EDGEWATER PL	TAMPA, FL 33615
T	LAURIE METCALFE	8515 EDGEWATER PL	TAMPA, FL 33615
D	LUIS COSMELLI	8538 EDGEWATER PL	TAMPA, FL 33615

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

Date

Daytime Phone #

4/15/09 727-535-2424