

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 JAN 20 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N05000008973**

1. Corporation Name
**TAMIAMI SQUARE COMMERCIAL
CONDOMINIUM ASSOCIATION, INC.**

2. Principal Office Address - No P.O. Box # **14700 TAMIAMI TEL. N.**

Suite, Apt. #, etc.
STE. 8

City & State
NAPLES, FL

Zip Country
34110 USA

3. Mailing Office Address
14700 TAMIAMI TEL. N.

Suite, Apt. #, etc.
STE. 8

City & State
NAPLES, FL

Zip Country
34110 USA

CR2E081 (11/10)

4. Date incorporated or Qualified To Do Business in Florida
5. FEI Number 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 **BECKER & POLIAKOFF, P.A.**
Street Address (P.O. Box Number is Not Acceptable) **999 VANDERBILT BEACH ROAD**
Suite, Apt. #, Etc. **SUITE 501**
City **NAPLES** State **FL** Zip Code **34108**

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01/20/12--01006--012 **236.25

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 *[Signature]* **REGISTERED AGENT MUST SIGN** Date **1/9/12**

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
DIR	PATRICK MCGUCKEN	500 N. WESTSHORE BLVD. STE. 750	TAMPA, FL 33609
DIR	BRUCE KEENE	500 N. WESTSHORE BLVD. STE. 750	TAMPA, FL 33609
DIR	GLEN BLAUCH	14710 TAMIAMI TEL. N. STE. 101	NAPLES, FL 34110

[Handwritten signature] 1/20/12

10. E-mail Address: _____
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE: **X** *[Signature]* **Patrick McGucken** 1.12.12 813.434.4850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #