PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 OCT 12 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800212843128
10/03/11--01059--004 **122.50

800212843128
10/12/11--01025--003 **183.75
CR2E081 (12/08)

10-11

DOCUMENT # N06000011113

1. Corporation Name
Hancock Bridge Condominium Association, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3418 SE	1 Racetrack Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
18th Place	B106
City & State	City & State
Cape Coral, FL	East Brunswick, NJ
Zip / Country	Zip / Country
33904 / Lee	08816 / U.S.A

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
EIN 38-3755426
☐ 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: Roosa, Richard

Street Address (P.O. Box Number is Not Acceptable): 1714 Cape Coral Parkway East

Suite, Apt. #, Etc.:

City: Cape Coral | State: FL | Zip Code: 33904

REINSTATEMENT 10-11

☐ 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 _____ Date 9/28/11
REGISTERED AGENT MUST SIGN

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
D	Daniel Tarantini	1 Racetrack Rd. Suite B106	East Brunswick, NJ 08816
D	Richard Roosa	1714 Cape Coral Parkway East	Cape Coral, FL 33904

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: _____ 9/28/11 (732)991-1016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #