PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

99 OCT 19 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07099

1. Corporation Name

OLD ENGLEWOOD VILLAGE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
MCCARTHY, CANDY 452 W DEARBORN ENGLEWOOD FL 34223 US	411 W DEARBORN SUITE 168 ENGLEWOOD FL 34295-1207 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business In Florida: 01/14/1985

5. FEI Number: 59-2519334 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED: no $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P T	MCCARTHY, CANDY	452 W DEARBORN ST	ENGLEWOOD FL 34223
VP	LISA YUST	444 W. DEARBORN ST.	ENGLEWOOD FL
P	~~SULLIVAN~~, PAM DOMRES	1330 AQUA VIEW LANE	ENGLEWOOD FL 34223
D	JOE ANELING	300 W. DEARBORN ST.	ENGLEWOOD FL
D	BOURCIER, JOHN	505 W DEARBORN ST	ENGLEWOOD FL 34223
D	JACK MCCARTHY	452 W. DEARBORN ST.	ENGLEWOOD FL

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MCCARTHY, CANDY 452 W DEARBORN ST ENGLEWOOD FL 34223	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. 500003026895--2 -10/27/99--01091--004 ****236.25 City State FL Zip Code ****236.25

CR2E040 (8/99)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Candy McCarthy Date: 10/15/99
REGISTERED AGENT MUST SIGN

11. 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: Candy McCarthy Candy McCarthy 10/15/99 Daytime Phone # 474-8701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

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