

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morfitt  
Secretary of State  
DIVISION OF CORPORATIONS

**98AR**

**FILED**

98 FEB -3 PM 2:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N30125**

**THE LANDINGS SOUTH VII CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business: 1688 STARLING DR SARASOTA FL 34231 US  
Mailing Address: c/o Condo Keepers 630 S. Orange Ave Suite 101 SARASOTA FL 34236 US  
% JMC-PROPERTY MGMT PO-BOX-0884 LONGBOAT KEY FL 34288 US



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

2. New Principal Office Address, If Applicable: [Blank]  
3. New Mailing Office Address, If Applicable: c/o Condo Keepers 630 S. Orange Ave Suite 101 SARASOTA FL 34236  
4. Date Incorporated or Qualified to Do Business in Florida: 01/11/1989  
5. FEI Number: 59-2930440 Applied For: [X] Not Applicable: [ ]  
6. CERTIFICATE OF STATUS DESIRED  \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
T	WHITE, SALLY	1712 STARLING DR.	SARASOTA FL 34231
P	STEIN, ELMA Kincaid, Robert	1688 STARLING DR. 1660	SARASOTA FL 34231
D	OLSHANSKY, NORM Fischer, Carol	1688 STARLING DR. 1692	SARASOTA FL 34231
DS	SCHEPPELE, KEN	1694 STARLING DR.	SARASOTA FL 34231
VP	BRENNWALD, MANFRED Wilburn, Samuel V.	1688 STARLING DR 1708	SARASOTA FL 34231

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-02/10/98--01039--001

8. Name and Address of Current Registered Agent

JMC-PROPERTY-MANAGEMENT-INC  
3474 GULF-OF-MEXICO-DR  
LONGBOAT-KEY-FL-34228

Condo Keepers  
630 S. ORANGE  
Ave. Suite 101  
SARASOTA, FL

9. Name and Address of Non-Registered Agent

Name: Rochelle S. Pursifull  
Condo Keepers  
Street Address (P.O. Box Number is Not Acceptable): 630 S. Orange Ave Suite 101  
Suite, Apt. #, Etc.: [Blank]  
City: SARASOTA FL State: FL Zip Code: 34236

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: [Signature] REGISTERED AGENT MUST SIGN

Date: 1-23-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No

(See other side for information on intangible tax.)

12. 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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1-23-98 Daytime Phone #: [Blank]