

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50566

1. Corporation Name

MONTROSE OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P. O. BOX 2217
PACE FL 32571
US

P. O. BOX 2217
PACE FL 32571
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

4. Date Incorporated or Qualified
To Do Business in Florida

08/25/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3170571

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	TERRY, FALL FALL, TERRY	3500 EDINBURGH DR	PACE FL 32571
VPD	THOMAS, TONY	3413 EDINBURGH DR	PACE FL 32571
TD	WEST, MILETTE	3460 EDINBURGH DR	PACE FL 32571
TD	NEWKIRK, KATE	5211 O'Kane Circle	PACE, FL 32571
SD	GOTTSCHALK, HELAINE	3483 EDINBURGH DR	PACE FL 32571
REINSTATEMENT 03-04 300028012613 02/02/04--01057--027 **297.50			
TS			

8. Name and Address of Current Registered Agent

GILES, ROXANNE E.
3413 EDINBURGH DRIVE
PACE FL 32571

9. Name and Address of New Registered Agent

Name

THOMAS, ROXANNE E.

Street Address (P.O. Box Number is Not Acceptable)

3413 Edinburgh Dr.

Suite, Apt. #, etc.

City

PACE,

State

FL

Zip Code

32571

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. or 617.0505, F.S.

Signature of
Registered Agent

Roxanne E. Thomas
REGISTERED AGENT MUST SIGN

Date

1/26/04

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:

Terry Fall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TERRY FALL, PD

Date

1/20/04

Daytime Phone #

850-476-9236

CR2E040 (7/03)