

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

083000

**CORPORATION
REINSTATEMENT**



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

FILED

00 OCT -2 PM 12: 04

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **N980000001604**

1. Corporation Name

EAGLES POINT AT THE LANDINGS IV Condominium Association, Inc.

2. Principal Office Address

5450 EAGLES POINT CIRCLE

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34231

Country

3. Mailing Office Address

310 PEARL AVENUE

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34243

Country

REINSTATEMENT

99-00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0854744

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

ALAN HOWES, C/O DELCOR MANAGEMENT

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

310 PEARL AVE.

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34243

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

Alan Howes

Date

9/13/00

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	COLIN WENDELL	5450 EAGLES POINT CIR. #202	SARASOTA, FL 34231
D	WILLIAM GULICK	5450 EAGLES POINT CIR. #301	SARASOTA, FL 34231
D	CAROL ROBBINS	5450 EAGLES POINT CIR. #402	SARASOTA, FL 34231
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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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alan Howes **ALAN HOWES** *EVE HOWES* **EVE HOWES** *S/T/D* **S/T/D**

9/25/00

Date

941-358-3366

Daytime Phone #

CR2E081 (9/99)