

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

12232

APPLICATION FOR REINSTATEMENT

98-04 AR

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

FILED

99 AUG 23 AM 11:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 758211

1. Corporation Name OCEANSIDE CONDOMINIUM ASSOCIATION INC

Principal Place of Business Mailing Address  
OCEANSIDE CONDOMINIUM ASSOCIATION INC  
# 126 - 126th Ave West  
# 6 TREASURE ISLAND FL 33706-5051

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

2. New Principal Office Address, If Applicable 126 - 126th Ave West Suite, Apt. #, etc. # 6		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida	
City & State TREASURE ISLAND, FL		City & State		5. FEI Number 605-0111422	
Zip 33706-5051		Country		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D PRESIDENT	LOU BROYLES	126 - 126th Ave W # 4	TREASURE ISLAND FL - 33706-5051
D VICE PRESIDENT	JOE BONSEY	126 - 126th Ave W. # 1	TREASURE ISLAND FL 33706-5051
D TREASURER	ROLAND E. KISSINGER	126 - 126th Ave W # 6	TREASURE ISLAND, FL 33706-5051
D SECRETARY			
			33706-5051
			900002970349--4
			08/26/99 01003-007
			****122.50 ****122.50

8. Name and Address of Current Registered Agent LOU BROYLES		9. Name and Address of New Registered Agent Name LOU BROYLES Street Address (P.O. Box Number Not Acceptable) 126 - 126th Ave W # 4 Suite, Apt. #, Etc. # 4 City TREASURE ISLAND State FL Zip Code 33706	
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 5051	

11. This corporation owes 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 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 LOU BROYLES  
Date 8-2-99 727-357-1755  
Daytime Phone #

CR2E081 (12/98)

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**Oceanside Condominium Association Inc.**

126 - 126<sup>th</sup> Avenue West Suite 6

Treasure Island, FL 33706-5051

Phone and Fax 727-367-1755

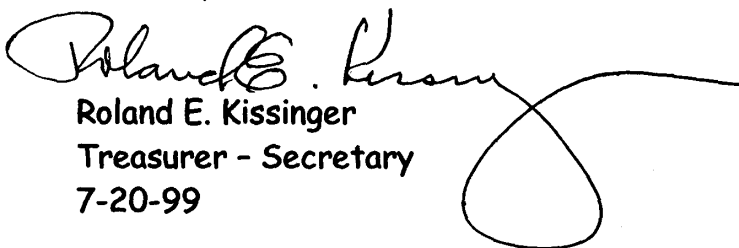
Email Address [sfcpdqn@scfn.thpl.lib.fl.us](mailto:sfcpdqn@scfn.thpl.lib.fl.us)

☐  
Florida Department of State  
Annual Report Filings  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314  
☐

Dear Sir,

Enclosed please find an application for reinstatement for our condominium. Our previous accounts did not forward your request for the annual report to us so we could return it to you. Please waive any late fees, as this problem was not our fault.

Sincerely,

  
Roland E. Kissinger  
Treasurer - Secretary  
7-20-99