

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

00 FEB 28 AM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 738805

1. Corporation Name FOUNTAINVIEW APARTMENTS ASSOC INC

Principal Place of Business

Mailing Address

6601 SUNSET WAY  
ST PETE BEACH FL 33706

40 S. LAMONT  
250 104<sup>TH</sup> AVE  
TREASURE ISLAND FL  
33706-4846

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

04/22/77

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-1951289

Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	BRYK, STANLEY	6601 SUNSET WAY #4	ST PETE BEACH FL 33706
VPD	HILLS, MICHAEL	1412 GOLFVIEW DRIVE	DAYTONA BEACH FL 32114-5932
STD	BRYK, SOPHIA	6601 SUNSET WAY #4	ST PETE BEACH FL 33706
			9000003164729--1 -03/10/00--01012--009 ****787.50 ****787.50
			9000003164729--1 -03/10/00--01012--010 ****61.25 ****61.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

SUE H LAMONT

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

250 104<sup>TH</sup> AVE

Suite, Apt. #, Etc.

City

TREASURE ISLAND

State

FL

Zip Code

33706-4846

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

Sue H. Lamont

REGISTERED AGENT MUST SIGN

Date 02/16/00

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 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:

Stanley Bryk STANLEY BRYK

Date

2/24/00

Daytime Phone #

CR2E081 (12/96)