PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED

DOCUMENT # N45104					00 MAR -2 PM 3: 30			
1. Corporation Name					I :			
Murdock Plaza Condominium Association, Inc.				SECRETARY OF STATE TALLAHASSEE. FLORIDA				
Principal Place of Business	Mailing Add	ress			,			
2414 Tamiami Trail Port Charlotte; Florida 33952				0				
- <b> </b>				DEINIC	TATEA		12 00	
If above addresses are incorrect in any way, line t	hrough incorrect	information and enter	correction below	SERIAC.	STATEN	HEM!	12-00	
New Principal Office Address, If Applicable	<del></del>	ailing Office Address, If Applicable		A. Date Incorporated or Qualified     To Do Business in Florida     OO (1.2 / 0.1)				
Suite, Apt. #, etc.	_Suite, Apt. #	-Suite, Apt. #, etc			5 CELNUMBER 191			
City & State	City & State	······································		65-0288704 Applied For Not Applied For				
Zip Country	Zip .	Count	ry .	6. CERTIFICATI	E OF STATUS DESIRE	D S8.75 Addi	tional Fee required	
7. Names and Street Addresses of Each Officer an	d/or Director (Fl	prida nonprofit corpor	ations must list at le	ast 3 directors)				
Title(s) Name of Officers and/or Directors 1 2		O	reet Address of Eac flicer and/or Directo se Post Office Box	ſ	4	City / State / Zip		
Dir. , Pres., Brent A. Pinkerton		2414 Tamiami Trail			Port Charlotte, FL 33952			
Dir. John Dunn 2414 Tami			mi Trail	1 Port Charlotte, FL 33952				
Dir.				<del>"</del>				
Secy. Patricia Kolterman	2414 Tamia	2414 Tamiami Trail			Port Charlotte, FL 33952			
				,~,	 	1 (C) (C) (C) (d)		
				·	<del>000031599469</del> -03/14/0001119036 ****735,00 ****735.00			
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8. Name and Address of Curren	Name and Address of New Registered Agent							
Charles D. Hines, Esq.			Name	,	-		2,09	
1001 Avenida del Circo	Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.							
Venice, FL 34284								
		ı	City		<u> </u>	State Zip Co	ode	
10. I, being appointed the registered agent of the ab	ove named com	bration, am familiar w	ith and accept the o	bligations of Secti	on 607.0505, F.S.	FL		
Signature of Registered Agent	)- (f)	SENT MUST SIGN	Charles D:	THines E	sq. Date O/-	-13-00		
11. This corporation owes the	current y	/ear			_ (See	other side for info	ormation	
Intangible Personal Prope	ny rax di	ie June 30.	Yes	∐ No <b>⊠</b>		, ,		
12. I certify that I am an officer or director or the rece this reinstatement application, the reason for diss owed by the corporation have been paid and the on this application is true and accurate, and my	olution has been names of individ	eliminated, the corpo luals listed on this for	orate name satisfies m do not qualify for	the requirements an exemption und	of section 607.0401	or 617.0401, F.S.	, that all fees	
1210	igiraluro similifia	ro me same regal elle	set as a made under		113-00	(94	1) 8–6811	
SIGNATURE: SIGNATURE AND TYPED OR PE	NIED NAME OF	SIGNING OFFICER OR I	DIRECTOR	()!	Date	40 Dayline Pho		

SIGNATURE AND TYPED OR PUNIED NAME OF SIGNING OFFICER OR DIRECTOR Brent A. Pinkerton