

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N04026

1. Corporation Name

18840 GULF BOULEVARD CONDOMINUM ASSOCIATION

2. Principal Office Address - No P.O. Box #

18840 GULF BLVD. #5

Suite, Apt. #, etc.

#5

City & State

INDIAN SHORES, FLORIDA

Zip

33785

Country

PINELLAS

3. Mailing Office Address

18840 GULF BOULEVARD #5

Suite, Apt. #, etc.

#5

City & State

INDIAN SHORES, FLORIDA

Zip

33785

Country

PINELLAS

7. Name and Address of Current Registered Agent

Name

IRENE THOMPSON

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

18840 GULF BLVD.

Suite, Apt. #, Etc.

UNIT #5

City

INDIAN SHORES

State

FL

Zip Code

33785

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

Irene Thompson

REGISTERED AGENT MUST SIGN

Date **DECEMBER 21, 2009**

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
PRES.	FRAN SPIRO	3903 VENETIAN WAY	TAMPA, FLA. 33634
SEC	PATRICK SORRANO	18840 GULF BLVD. UNIT #1	INDIAN SHORES, FLA. 33785
TREA	IRENE J. THOMSON <i>12/23</i>	18840 GULF BLVD. UNIT #5	INDIAN SHORES, FLA. 33785
DIR	JANIE M. DAWES	18840 GULF BLVD. UNIT #4	INDIAN SHORE, FLA. 33785
DIR	ANGELA POWERS	7303 BERKLEY SQ. NORTH	NEW ALBANY, OHIO 43054

10. E-mail Address: **githomp@verizon.net**

(To be used for future annual report notification)

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. I further certify, 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:

Irene Thompson

IRENE THOMPSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/21/2009

Daytime Phone #

513-237-3010

FILED

09 DEC 23 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600163919916
12/23/09--01034--006 **621.25

REINSTATEMENT

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CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

07/03/1984

5. FEI Number
59-2591956

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.