

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUL 16 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-03

300021590583
07/16/03--01049--005 **900.00

DOCUMENT # 208523

1. Corporation Name

BELVEDERE APARTMENTS OF
CLEARWATER, INC.

2. Principal Office Address

WANEK PROPERTY MANAGEMENT

Suite, Apt. #, etc.

2155 N.E. COACHMAN RD

City & State

CLEARWATER, FL

Zip

33765

Country

US

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

12/26/1957

5. FEI Number

590864992

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

WANEK PROPERTY MANAGEMENT

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

2155 N.E. COACHMAN RD

Suite, Apt. #, Etc.

City

CLEARWATER

State

FL

Zip Code

33765

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

CHRIS WANEK, AGENT

REGISTERED AGENT MUST SIGN

Date 7-10-03

727-442-3100

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
PD	BART DOBIN	300 N OSCEOLA AVE 6-C	Clearwater, FL 33755
VD	MLADEN ZDJELAR	" 3-C	"
TD	MICHAEL HEINEY	" 2-D	"
SD	HUBERT HELLER	" 2-C	"
D	THOMAS COATES	" 4-B	"

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

MICHAEL HEINEY AS TREASURER AND NOT PERSONALLY

7-10-03

Date

727-461-6619

Daytime Phone #

CR2E081 (10/02)