


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 579800
1. Corporation Name

CAUSEWAY VISTA, INC.

Principal Place of Business
6333 Courtney Campbell Causeway
Tampa, Florida 33607

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

W01-27542
Mailing Address
6333 Courtney Campbell Causeway
Tampa, Florida 33607

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip
Country

3. New Mailing Office Address, If Applicable
6333 Courtney Campbell
Suite, Apt. #, etc.
City & State
Tampa, Florida 33607
Zip
Country

4. Date Incorporated or Qualified
To Do Business in Florida
5. FEI Number
59-3133955
6. CERTIFICATE OF STATUS DESIRED ☐

01 DEC 19 AM 11:20
REINSTATEMENT 46-01
\$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	JOSEPH R. REDNER	3010 Alicia	Tampa, Florida
S/T D	ROBERT E. RODRIGUEZ	1501 Mulberry Drive	Tampa, FL 33604
			000004745260--2 -12/31/01--01071--016 ***1500.00 ***1500.00
			12/17/01

8. Name and Address of Current Registered Agent
Donald Collado
14479 Bruce B. Downs Blvd.
Tampa, FL 33613

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State FL
Zip Code

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
Date 12/17/01
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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: Robert Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
11/16/01 (88) 935-7793
Date Daytime Phone #