

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 722861

1. Corporation Name

TROPICAL GULF ACRES CIVIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

28245 PASADENA DR.  
P. O. BOX 1064  
PUNTA GORDA FL 33951-8064

~~28245 PASADENA DR.~~  
P. O. BOX 1064  
PUNTA GORDA FL 33951-8064

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/08/1972

5. FEI Number

59-1811212

Applied For

Not Applicable

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	4 City / State / Zip
P	<del>RAMAGLIA, VITO</del> Dane Grossnickle	<del>27083 SAFFRON DRIVE</del> 12159 Minnesota Ave	PUNTA GORDA FL 33955
VP	<del>RING, ED</del> Jim Leavor	<del>27204 PASADENA</del> 13504 Santa Maria Dr	PUNTA GORDA FL 33955
T	FIORINI, JOSEPH	12459 TAMiami TRAIL	PUNTA GORDA FL 33955
SD	FIORINI, SUSAN	12459 TAMiami TRAIL	PUNTA GORDA FL 33955
D	<del>RING, BARB</del> Mary Guglielmino	<del>27204 PASADENA</del> 1552 Atares # 112	PUNTA GORDA FL 33955 33951
D	WILSON, MARGIE	12405 MARYLAND	PUNTA GORDA FL 33955

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FIORINI, SUSAN  
12459 TAMiami TRAIL  
PUNTA GORDA FL 33955

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

600026886816

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FL

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

Jan 8, 2004

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 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

January 8, 2004

941-639-2002

CR2E040 (7/03)