

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 MAR 18 AM 7:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 724875

1. Corporation Name

MAGNOLIA VALLEY CONDOMINIUM, INCORPORATED

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

7131-3 Dell Rd.

Suite, Apt. #, etc.

City & State

New Port Richey, FL

Zip

34653

Country

US

3. Mailing Office Address

P.O. Box 1593

Suite, Apt. #, etc.

City & State

New Port Richey, FL

Zip

34656

Country

US

REINSTATEMENT
CR2E081 (12/07) 07-08

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/27/1972

5. FEI Number
59-1790943

☐ 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

Paul Douglas

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

7131-3 Dell Rd.

Suite, Apt. #, Etc.

City

New Port Richey

State

FL

Zip Code

34653

☐ 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.

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

REGISTERED AGENT MUST SIGN

Date March 12, 2008

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	DOUGLAS, PAUL	7131-3 Dell Rd.	New Port Richey, FL 34653
SD	McMAHON, MARILYN	7151-4 Dell Rd.	New Port Richey, FL 34653
D	GOONAN, JOHN	7040-1 Cognac Dr.	New Port Richey, FL 34653
D	KUBECK, ED	7050-1 Cognac Dr.	New Port Richey, FL 34653
D	LONG, ROBERT	7020-2 Cognac Dr.	New Port Richey, FL 34653

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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 contained in Chapter 119, 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

Date

Daytime Phone #

B. Mitchell MAR 18 2008