

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 NOV 13 PM 1:48

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # 726423

1. Corporation Name

MATECUMBE SANDY COVE ASSOCIATION, INC.

Principal Place of Business

74960 OVERSEAS HWY  
#302  
ISLAMORADO FL 33036  
US

Mailing Address

5210 SE SEASCAPE WAY  
APT. 3  
STUART FL 34997  
US

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

2. New Principal Office Address, If Applicable

4300 SE St. Lucie Blvd, #38

Suite, Apt. #, etc.

Stuart, FL

City & State

34997

Zip

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4300 SE St. Lucie Blvd, #38

City & State

Stuart, FL

Zip

34997

Country

USA

REINSTATEMENT

03



700024643067  
11/13/03--01058--011 \*\*750.00

4. Date Incorporated or Qualified  
To Do Business in Florida

05/16/1973

5. FEI Number

59-1565255

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	GILBERT, SUE	4160 NW 9TH CT	COCONUT CREEK FL 33066
VPD	TOMPKINS, LARRY	2100 TOUHY	PARK RIDGE IL 60068
D	DUNWELL, RON	4226 SCENIC DR.	WHITEHALL MI 49461
T	BAILEY, DEMMA	5210 SE SEASCAPE WAY #3	STUART FL 34997
E	KRAEMER, MARY ANN	200 HARBORVIEW DR	TAVERNIER FL 33070

8. Name and Address of Current Registered Agent

ALLEN, DAVID G.  
4685 PONCE DE LEON  
CORAL GABLES FL 33146

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Demma Bailey*  
REGISTERED AGENT MUST SIGN

Date

11/1/03

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:

*Demma Bailey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-1/03 (772) 220-8326

Date

Daytime Phone #

CR2040 (7/13)