

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 MAY 28 PM 1:24

DOCUMENT # 728629

1. Corporation Name

RUTGERS PLACE CONDOMINIUM  
ASSOCIATION, INC.

300156508793  
05/28/09--01006--020 \*\*1041.25

**REINSTATEMENT 93-09KS**  
CR2E081 (12/08)

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

505 RICKENBACKER DR

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUN CITY CENTER, FL

City & State

Zip

33573

Country

Hillsborough

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1/24/1974

5. FEI Number

592185664

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

DORIS WILLS

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

505 RICKENBACKER DR

Suite, Apt. #, Etc.

City

SUN CITY CENTER

State

FL

Zip Code

33573

☒ 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 607.0605 or 617.0503, F.S.

Signature of  
Registered Agent

Doris Wills

Date 5/04/09

REGISTERED AGENT MUST SIGN

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
PRES	DORIS WILLS	505 RICKENBACKER DR	SUN CITY CENTER FL 33573
SECRET	HELEN HALM	1001 LAJOLIA	SUN CITY CENTER FL 33573
TREAS	CAROL (ANITA) HULSING	702 RUTGERS PL	SUN CITY CENTER FL 33573
V. PRES	CONRAD	916 CHIPAWAY DR	APOLLO BEACH FL 33572
Trustee	DAISY Mobley	705 RUTGERS PL	SUN CITY CENTER FL 33573
Trustee	JANE FOX	706 RUTGERS PL	SUN CITY CENTER FL 33573

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:

DORIS WILLS  
Doris Wills

5/04/09

813-633-3665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #