

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

05 APR 13 AM 9:26

DATE  
FILED

500052060525  
04/26/05--01007--004 \*\*358.75

DOCUMENT # 746786

1. Corporation Name

KENT I CONDO ASSOC, INC

2. Principal Office Address

4923 VINCENTS CT

Suite, Apt. #, etc.

City & State

CAPE CORAL FL

Zip

33904

Country

USA

3. Mailing Office Address

507 SW. 47th TERRACE

Suite, Apt. #, etc.

City & State

CAPE CORAL FL

Zip

33914

Country

USA

**REINSTATEMENT**

0305

4. Date Incorporated or Qualified  
To Do Business in Florida

4/18/1979

5. FEI Number

59-1898226

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

BEVERLY DRIFKA / CENTURY 21 SUNBELT REALTY

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

506 SW 47th TERRACE

Suite, Apt. #, Etc.

City

CAPE CORAL FL

State

FL

Zip Code

33914

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

*Beverly Drifka*

REGISTERED AGENT MUST SIGN

Date

4/4/05

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	MARTIN BENAVIDES	4923 VINCENTS CT #11	CAPE CORAL, FL 33904
VP	CYNTHIA SCOTT	4923 VINCENTS CT #5	CAPE CORAL FL 33904
S/T	GAIL BIANCA	16501 ARBOR RIDGE DRIVE	FT MYERS FL 33908

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 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:

*Gail Bianca*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/31/05

Daytime Phone #

CR2E081 (01/05)