

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 747164

1. Corporation Name

Fishermen's Village Homeowners Association Inc.

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

4790 S Atlantic Ave

Suite, Apt. #, etc

Unit C-304

City & State

Ponce Inlet FL

Zip

32127

Country

US

3. Mailing Office Address

4643 Clyde Morris Blvd

Suite, Apt. #, etc

Suite 308

City & State

Port Orange FL

Zip

32129

Country

US

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

05/14/1979

5. FEI Number

59-2295158

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

Gwen Slater

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

4643 Clyde Morris Blvd

Suite, Apt. #, Etc

Suite 308

City

Port Orange

State

FL

Zip Code

32129

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

Gwen Slater

Date 10/05/2017

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
P	Martha Miller	4790 S Atlantic Ave Unit C-304	Ponce Inlet FL 32127
VP	Amy Stallard	4790 S Atlantic Ave Unit A104	Ponce Inlet FL 32127
S	Toni Grabowski	11 Longview Lane Unie E-501	Wellsboro PA 16901
T	Harold A Albert	454 S Beach Street ST # F-603	Ormond Beach FL 32174
D	Nancy Grierson	4790 S Atlantic Ave A103	Ponce Inlet FL 32127

10. E-mail Address: ledgerplus@cfl.rr.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Martha Miller President

10/05/2017

386-299-3228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #