

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 FEB 25 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 749797

1. Corporation Name

Sombrero Isle Property Owners
Association, Inc.

2. Principal Office Address % Becker
120 Calle Ensueno

Suite, Apt. #, etc.

City & State

Marathon, FL

Zip

33050

Country

Monroe

3. Mailing Office Address % Becker
120 Calle Ensueno

Suite, Apt. #, etc.

City & State

Marathon, FL

Zip

33050

Country

Monroe

4. Date Incorporated or Qualified
To Do Business in Florida

11/14/79

5. FEI Number

59-2169217

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

Louise L. Heymen

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

59241 Overseas Hwy, Lot 89

Suite, Apt. #, Etc.

City

Marathon

State

FL

Zip Code

33050

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

Louise L. Heymen

Date

2/23/05

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.	Werner Becker	120 Calle Ensueno	Marathon, FL 33050
Vice Pres.	Philip McGuire	123 Calle Ensueno	Marathon, FL 33050
Secy/Treas.	Cindy Durkin	150 Calle Ensueno	Marathon, FL 33050

200047789142
03/07/05--61019--007--**183.75

RESTAT

05-05

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:

Werner Becker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/23/05

Daytime Phone #

305
743-3504

CRZE081 (01/05)