

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 24 AM 9:32

DOCUMENT # 751165

1. Corporation Name

Indian Beach Villas Two Condominium Association, Inc.

REINSTATEMENT 44-06

2. Principal Office Address

c/o First Choice Association Management 4174 Woodlands Parkway

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Harbor, Florida

City & State

Zip
34685

Country
Pinellas

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/21/1980

5. FEI Number

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

James Nolan, Jr. c/o First Choice Association Management, Inc.

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

4174 Woodlands Parkway

Suite, Apt. #, Etc.

City

Palm Harbor

State

FL

Zip Code

34685

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

REGISTERED AGENT MUST SIGN

Date 07/13/06

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	Patrick Finan	2101 Gulf Blvd #4A	Indian Rocks Beach, Fl 33785
VP	John Chavez	2101 Gulf Blvd. #3A	Indian Rocks Beach, Fl 33785
Sec/Trea	John Letvin	2101 Gulf Blvd. #3B	Indian Rocks Beach, Fl 33785

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/13/06

Date

727-785-8887

Daytime Phone #