

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

99 MAY 11 PM 6:06

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

300002883029-8

05/21/93--01093--021

\*\*\*\*358.75 \*\*\*\*358.75

97-8  
7/8/93  
5/11/94

REINSTATEMENT

DOCUMENT # 755172

1. Corporation Name

PINELLAS CASCADE MOBILE HOME OWNERS  
CIVIC ASSOCIATION INC.

Principal Place of Business

7942 71st. Way N.  
Pinellas Pk, FL.  
33781

Mailing Address

7811 72nd Way N  
Pinellas Pk, FL  
33781

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

11/18/1980

Suite, Apt. #, etc

Suite, Apt. #, etc

5. FEI Number

59-2461260

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	Reed W. Eckerle	7942 71st Way N	Pinellas Pk, FL 33781
VPD	Jeanne S. Madison	7237 79th Terr. N	" " "
SD	Marylou Bennett	7811 72nd Way N	" " "
Tres.	Tim Dolan	8003 72nd St.	" " "
M	Bert Frank	7935 73rd St. N	" " "
M	Walt Schaumaker	8015 73rd St. N	" " "

8. Name and Address of Current Registered Agent

D'Amico, Carmela  
7225 80th Ave. N.  
Pinellas Pk., FL. 33781

9. Name and Address of New Registered Agent

Name  
R. W. Eckerle  
Street Address (P.O. Box Number is Not Acceptable)  
7942 71st. Way N.  
Suite, Apt. #, Etc

City  
Pinellas Park

State  
FL

Zip Code  
33781

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

R. W. Eckerle  
REGISTERED AGENT MUST SIGN

Date

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax)

12. 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)(b) 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:

REED W. ECKERLE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 10 1999

Date

Day the Fee is Paid

727-548-9067

CR2E001 (12/98)