

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 FEB 12 PM 2:19

DOCUMENT # 756225

1. Corporation Name

Isles of the Bay Condominium
Association Inc.
w08-5467

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700117827487
02/12/08--01015--020 **297.50

REINSTATEMENT 01-08
CR2E081 (12/07)

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

7740 Boca Ciega Dr

Suite, Apt. #, etc.

City & State

St Pete Beach FL

Zip

33706

Country

US

3. Mailing Office Address

1110 Pinellas Bayway

Suite, Apt. #, etc.

#207

City & State

Tierra Verde, FL

Zip

33715

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2138887

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

Tierra Verde Prop. Mgmt.

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

1110 Pinellas Bayway #207

Suite, Apt. #, Etc.

City

Tierra Verde

State

FL

Zip Code

33715

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Susan Baranston
REGISTERED AGENT MUST SIGN

Date 1/7/08

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
VD	Amy Williams	1110 Pinellas Bayway #207	Tierra Verde, FL 33715
PD	Gecil Davis	1110 Pinellas Bayway #207	Tierra Verde, FL 33715
STD	Peter Fritz	1110 Pinellas Bayway #207	Tierra Verde, FL 33715

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:

Peter Fritz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/08 727-864-6468
Date Daytime Phone #

B. Mitchell

FEB 12 2008

1/7/08