

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 13 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 757890

1. Corporation Name

Monterey Bay Condominium Association

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

8226 W Gulf Blvd

3. Mailing Office Address

8226 W Gulf Blvd

Suite, Apt. #, etc.

#4

Suite, Apt. #, etc.

#4

City & State

Treasure Island, Florida

City & State

Treasure Island, Florida

Zip

33706

Country

Zip

33706

Country

7. Name and Address of Current Registered Agent

Name

Joel A Cohen

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

8226 W Gulf Blvd

Suite, Apt. #, Etc.

#4

City

Treasure Island

State

FL

Zip Code

33706

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REINSTATEMENT 01-09

4. Date Incorporated or Qualified
To Do Business in Florida

05/06/1981

5. FEI Number
59-2392205

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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

Joel A. Cohen

REGISTERED AGENT MUST SIGN

Date April 8, 2009

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
D	Wayne Spiwak	2907 W. Harborview Avenue	Tampa, FL 33611-1642
D	Don Murray	2907 W. Harborview Avenue	Tampa, FL 33611-1642
D	Joel A Cohen	8226 W Gulf Blvd	Treasure Island, Florida 33706
	<i>Murray</i>		

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:

Joel A. Cohen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 8, 2009

Date

727-363-0977

Daytime Phone #