

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 757992

1. Corporation Name

BORDEAUX VILLAGE ASSOCIATION, NO. 3, INC.

FILED

99 NOV -8 AM 9: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

CONDO ASSOCIATES
3001 EXECUTIVE DR #260
CLEARWATER FL 34622
US

Mailing Address

CONDO ASSOCIATES
3001 EXECUTIVE DR #260
CLEARWATER FL 34622
US

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

2. New Principal Office Address, If Applicable

2453 EGRET BLVD #103
Suite, Apt. #, etc

3. New Mailing Office Address, If Applicable

2453 EGRET BLVD
Suite, Apt. #, etc

City & State

CLEARWATER FL

City & State

CLEARWATER FL

Zip

33762

Country

USA

Zip

33762

Country

USA

REINSTATEMENT

99

4. Date Incorporated or Qualified
To Do Business in Florida

05/11/1981

5. FEI Number

59-2118161

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	RADIGAN, FRANCIS	2453 EGRET BLVD. #103	CLEARWATER FL 34622
ST	RICHEY, JOHN	16002 FRIGATE CT. #103	CLEARWATER FL 34622
TD	SMOLIK, PETER	13602 FRIGATE CT. #201	CLEARWATER FL 34622
SD	DOROTHY WILKINS	2453 EGRET BLVD #102	CLEARWATER FL 34622
			000003053270--9 -11/23/99--01061--017 ****245.00 ****245.00

8. Name and Address of Current Registered Agent

RADIGAN, F M
2453 EGRET BLVD 0-103
CLEARWATER FL 34622

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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

F M Radigan
REGISTERED AGENT MUST SIGN

Date 1 NOV 1999

11. 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:

F M Radigan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 NOV 1999 (22) 572-6762
Date Daytime Phone #

CR2E040 (8-99)