

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **760633**

1. Corporation Name
Twelve Palms Condominium Association, Inc

2. Principal Office Address - No P.O. Box #
4809 S. Mound Ave.

Suite, Apt. #, etc.
106

City & State
Tampa FL

Zip
33611

Country
USA

3. Mailing Office Address
4809 S. Mound Ave.

Suite, Apt. #, etc.
106

City & State
Tampa FL

Zip
33611

Country
USA

7. Name and Address of Current Registered Agent

Name
Shirley D. Ziegler

Street Address (P.O. Box Number is Not Acceptable)
4809 S. Mound Ave

Suite, Apt. #, Etc.
106

City
Tampa

State
FL

Zip Code
33611

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 **Shirley D. Ziegler**
REGISTERED AGENT MUST SIGN

Date **January 24 2010**

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
T	Alana Chavez	4809 S. Mound Ave # 204	Tampa, FL 33611
V, S	Gerri Gleason	4809 S. Mound Ave # 103	Tampa, FL 33611
P	Shirley Ziegler	4809 S. Mound Ave # 106	Tampa, FL 33611

10. E-mail Address: **ziegler sd@yahoo.com (prd) achavez0619@gmail.com**
(To be used for future annual report notification)

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. I further certify, 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: **Shirley D. Ziegler** **Shirley D. Ziegler** **1-24-2010** **385-3561**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

10 JAN 27 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-10

100167363491

01/27/10--01039--018 **612.50
CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida **11-9-1981**

5. FEI Number **59-2993584** ☐ 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.