

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 JUN 18 AM 7:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # T66009

**1. Corporation Name**

Palma Cica Oaks Condominium  
Association, Inc

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

5008 W. Linebaugh Ave

Suite, Apt. #, etc.

Suite 15

City & State

Tampa FL

Zip

33624

Country

Hillsborough

**3. Mailing Office Address**

P.O. Box 8393

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33674

Country

Hillsborough

**REINSTATEMENT** 05-07

CR2E081 (1/07)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

12/07/1982

**5. FEI Number**

59-2319925

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

A One Stop Property Mgmt LLC

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

5008 W Linebaugh Ave

Suite, Apt. #, Etc.

Suite 15

City

Tampa

State

FL

Zip Code

33624

☒ 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.

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**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

Catherine A. Yelton

Date 5/31/07

REGISTERED AGENT MUST SIGN

**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
P	Daniel Nail	3107-14 W Horatio	Tampa FL 33609
VP	J. Patrick Russell	3105-22 "	" " "
S	Holly Smith	3107-13 "	" " "
T	Norman Vekilli	3107-25 "	" " "
D	Marlene McLaurin	3109-13 "	" " "

**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:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel M. Nail

Date

6/6/07

Daytime Phone #

813-727-880

76/20