

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 MAR -1 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 767121

1. Corporation Name

CAROLINE ESTATES COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address



REINSTATEMENT 98-99

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/23/1983

AD

5. FEI Number

59-2551064

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	Iris Johnson	5318 Renoir Dr	ORLANDO FL 32818
VP	Willie Dobie	5215 Renoir Dr	ORLANDO FL 32818
S	Pat Barker	6757 Rubens Ct.	ORLANDO FL 32818
T	Gregory Scot Krantz	6824 Galle Ct.	ORLANDO FL 32818
M	Ian Gianetti	5333 Renoir Dr.	ORLANDO FL 32818
D	Dexter Watts	6838 Rembrandt Dr	ORLANDO FL 32818

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
Gregory S. Krantz
Street Address (P.O. Box Number is Not Acceptable)
6824 Galle Ct.
Suite, Apt. #, Etc.

City
Orlando
State
FL
Zip Code
32818

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

Gregory S. Krantz
REGISTERED AGENT MUST SIGN

Date 2/18/99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Gregory S. Krantz
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/99 (407) 298-3069
Date Daytime Phone

CR25040 (9/98)