

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
99 DEC -1 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 769307

1. Corporation Name

IMPERIAL PLACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1802 VILLAGE COURT
MULBERRY FL 33860
US

Mailing Address

P O BOX 78
MULBERRY FL 33860
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/11/1983

5. FEI Number

59-2884697

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Add-on 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
D	COPE, CHARLIE	1808 VILLAGE COURT	MULBERRY FL 33860
D	WILLIAMS, DWIGHT	1829 VILLAGE CT.	MULBERRY FL
SD	WILLIAM REID	1889 VILLAGE CT.	MULBERRY FL
PD	MARCIONE, JUDY	1806 VILLAGE CT	MULBERRY FL
D	GALLATIN, HARRY	1816 VILLAGE CT.	MULBERRY FL
TD	STRAIGHT, RICHARD	1802 VILLAGE CT	MULBERRY FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STRAIGHT, RICHARD S
1802 VILLAGE COURT
MULBERRY FL 33860

Name

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

Suite, Apt. #, Etc.

City

300003069633--7

-12/14/99--01083--001

***236.25 State ***236.25 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

Richard S Straight

REGISTERED AGENT MUST SIGN

Date 11-21-99

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.

KE

SIGNATURE:

Richard S Straight

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-21-99

Date

Daytime Phone #

CS-25040 (8/99)