

**CORPORATION
REINSTATEMENT**



DOCUMENT # 177/042

1. Corporation Name

Corporation Name
Cobb's Condominium Association

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

3. Mailing Office Address

12255

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3rd St. E.

City & State

City & State

Treasure Island FL

Zip

Country

33706

USA

Zip

Country

7. Name and Address of Current Registered Agent

Name _____

Gail Johnson

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

12255 3rd St. E

Suite, Apt. #, Etc.

City

Treasure Island

State

FL

Zip Code

3706

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**

REGISTERED AGENT MUST SIGN

Date _____

9/12/2014

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
PDT	Gail Johnson	12255 3rd St E Treasure Island	Treasure Island FL 33706
D	Sandra Gault	12245 3rd St E	Treasure Island FL 33706
D	Sarah Nowlery	12265 3rd St E	Treasure Island FL 33706

10. E-mail Address: COBBSCOND0 @ 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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Gail Johnson GAIL JOHNSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/2014 813 749-6571

1984

Daytime Phone #