

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Debra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K54424

1. Corporation Name

CORTEZ MOBILE HOME MANAGEMENT, INC.

Principal Place of Business

12507 CORTEZ ROAD W.
CORTEZ FL 34215

Mailing Address

12507 CORTEZ ROAD W.
CORTEZ FL 34215



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

65-0086161

6. CERTIFICATE OF STATUS DESIRED ☐

1998-1999

12/20/1988

Applied For

Not Applicable

\$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
D	HOWEY, HARRY M.	12507 CORTEZ ROAD W	CORTEZ FL
D	HOWEY, DEBRA A.	12507 CORTEZ ROAD W	CORTEZ FL

31000002823043--8
-03/30/99--01028--003
***300.00 ***300.00

8. Name and Address of Current Registered Agent

HARRISON & ALDERMAN CPA'S
5125 MANATEE AVE. W
BRADENTON FL 34209

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

HARRY M. HOWEY
1809 4th ST. W.
PALMETTO
FL 34221

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

REGISTERED AGENT MUST SIGN

Harry M. Howey Date: 01/28/99

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

Yes ☒ No ☐

(See instructions 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:

Harry M. Howey HARRY M. Howey

2-2-99 941-723-3616

Date

Daytime Phone #