

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

98 MAR 30 AM 5:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L69932

1. Corporation Name

CONDO 15, INC.

Principal Place of Business

23395 Harborview Rd #15
Charlotte Harbor, FL
33980
No mail

Mailing Address

c/o M.L. FRAME, Pres
160 CONCORD Dr
Port Charlotte, FL 33952

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

2. New Principal Office Address, if Applicable

c/o M.L. FRAME, Pres
160 CONCORD Drive

3. New Mailing Office Address, if Applicable

c/o M.L. FRAME, Pres
160 CONCORD Drive

Suite, Apt. #, etc.

Port Charlotte, FL

Suite, Apt. #, etc.

Port Charlotte, FL

City & State

Zip

33952

Country

USA

City & State

Zip

33952

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/01/90

5. FEI Number

65-0192728

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres Dir	M. L. FRAME	160 CONCORD DR	Port Charlotte, FL 33952

8. Name and Address of Current Registered Agent

J. Michael Rooney, Esq
306 EAST OLYMPIA AVE
Punta Gorda, FL 33950

9. Name and Address of New Registered Agent

Name

M. L. FRAME

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

160 CONCORD DR

Suite, Apt. #, Etc.

City

Port Charlotte

State

FL

Zip Code

33952

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

M L Frame

REGISTERED AGENT MUST SIGN

Date 03/27/98

11. This corporation ~~must~~ 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:

M L Frame, Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. L. FRAME, President

03/27/98 (941) 629-2707

Date

Daytime Phone #

CR20040 (1/98)