

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 28 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400163977844
12/28/09--01034--018 **236.25

DOCUMENT # N00000002206

1. Corporation Name

Tierra del Mar Association, Inc.

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

2189 Cleveland St

3. Mailing Office Address

2189 Cleveland St.

Suite, Apt. #, etc.

Suite # 225

Suite, Apt. #, etc.

Suite # 225

City & State

Clearwater FL

City & State

Clearwater, FL

Zip

33765

Country

USA

Zip

33765

Country

USA

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

4/4/2000

5. FEI Number

59-3637788

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Lennard A. Leighton

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

2189 Cleveland St. #225

Suite, Apt. #, Etc.

225

City

Clearwater

State

FL

Zip Code

33765

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/23/09

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
P/D	Howard Fletcher	1591 Pinellas Bayway	Tierra Verde, FL 33715
V/D	Peter Kriegel	1575 Pinellas Bayway	Tierra Verde, FL 33715
S/T/D	Arnold Sternberg	1593 Pinellas Bayway	Tierra Verde, FL 33715
	REINSTATEMENT RH		

10. E-mail Address:

(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., 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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/23/09

Date

727-466-0571

Daytime Phone #