

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN 24 AM 9:43

DOCUMENT # NO10000002790

1. Corporation Name Channel Bay Condominium
Association, Inc.

REINSTATEMENT 03-04

2. Principal Office Address
1013 Apollo Beach Blvd.
Suite, Apt. #, etc.

3. Mailing Office Address
P.O. Box 3562
Suite, Apt. #, etc.

City & State
Apollo Beach, FL
Zip Country
33572 US

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Apollo Beach, FL
Zip Country
33572 US

100038233571
06/24/04--01023--004 **297.50

4. Date Incorporated or Qualified
To Do Business in Florida 4-19-01

5. FEI Number 59-3721718
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 Teddi McGowan (813-503-6128)
Street Address (P.O. Box Number is Not Acceptable):
6430 Golf and Sea Blvd.
Suite, Apt. #, Etc.

City Apollo Beach State FL Zip Code 33572

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 Teddi McGowan
REGISTERED AGENT MUST SIGN

Date 6-21-04

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	Ronald E. Spainhour	1013 AB Blvd. #103	Apollo Beach, FL 33572
VP	James M. Tente	1013 AB Blvd. #202	Apollo Beach, FL 33572
S/T	Diane L. Auman	1013 AB Blvd. #203	Apollo Beach, FL 33572

10. 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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-21-04 813/817-5188
Date Daytime Phone #

CR2E081 (01/04)