

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY 19 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000005039

1. Corporation Name

Clipper Cove Village 19-21 Association, Inc.

2. Principal Office Address

2002 Bal Harbor Blvd.

Suite, Apt. #, etc.

City & State

Punta Gorda, FL

Zip

33950

Country

USA

3. Mailing Office Address

c/o Star Hospitality Mgmt. Inc.

Suite, Apt. #, etc.

6025 Taylor Rd. #2

City & State

Punta Gorda, FL

Zip

33950

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

July 16, 2001

5. FEI Number

59-3751594

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

000075547360
05/31/06--01015--008 **358.75

REINSTATEMENT 04-06

7. Name and Address of Current Registered Agent

Name

Star Hospitality Management, Inc.

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

6025 Taylor Road

Suite, Apt. #, Etc.

Suite #2

City

Punta Gorda

State
FL

Zip Code

33950

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

Sherry Danner

Date

3-23-06

REGISTERED AGENT MUST SIGN

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
PRESIDENT	Gail Melgary	2002 Bal Harbor Blvd #1922	Punta Gorda, FL 33950
VICE PRES	Richard Dingee	2002 Bal Harbor Blvd #2121	Punta Gorda, FL 33950
SEC/TRES	Thomas Mills	2002 Bal Harbor Blvd #1921	Punta Gorda, FL 33950
	<i>09/12/05</i>		

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 contained in Chapter 119, 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:

Gail Melgary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-23-06

Daytime Phone #