

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

03 JAN -3 PM 4:31

DOCUMENT # 1601000005519

1. Corporation Name

LIMONA IMPROVEMENT ASSOCIATE INC.

2. Principal Office Address

616 W. WINDHORST RD

Suite, Apt. #, etc.

City & State

BRANDON, FL

Zip

33510

Country

3. Mailing Office Address

616 W. WINDHORST

Suite, Apt. #, etc.

City & State

BRANDON, FL

Zip

33510

Country

000008966130
11/13/02--01046--002 **61.25

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

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

SULLIVAN, JOHN E

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

1206 MILLENNIUM PARKWAY, SUITE 2000

Suite, Apt. #, Etc.

City

BRANDON

State
FL

Zip Code

33511

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

DIRECTOR

MAUREEN KEZANOWSKI

REGISTERED AGENT MUST SIGN

Date 11/04/02

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
PRES	MAUREEN KEZANOWSKI	616 W. WINDHORST RD	BRANDON, FL. 33510
VP	FRANK KEZANOWSKI	"	"
SEC	KAREN NEWMAN	1003 SAXON CT.	"

CLIMONA IMPROVEMENT ASSOCIATION, INC.

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John E Sullivan

REGISTERED

11/4/02

Daytime Phone #

813 681 3480

CR2E081 (9/01)