

APPROVED
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 MAY 23 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02000002574

1. Corporation Name

Clipper Cove 13-15 Assn, Inc

2. Principal Office Address

2002 Bal Harbor Blvd

3. Mailing Office Address

6025 Taylor Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit #2

City & State

Punta Gorda, Florida

City & State

Punta Gorda, Florida

Zip

33950

Country

Zip

33950

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
56-295942

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

700075573517
05/31/06--01051--009 **358.75
REINSTATEMENT 04-06
CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Star Hospitality Management, Inc.

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

6025 Taylor Rd

Suite, Apt. #, Etc.

Unit #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 Danks

Date 5-17-06

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
P	Graham Foster	2002 Bal Harbor Blvd #1421	Punta Gorda, FL 33950
V	Roger Yates	2002 Bal Harbor Blvd #1412	Punta Gorda, FL 33950
S/T	Dalette Miller	2002 Bal Harbor Blvd #1422	Punta Gorda, FL 33950

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:

Dalette M. Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/06

Date

847-2659110

Daytime Phone #

5130