

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAR -5 PM 3:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N02000004581

**1. Corporation Name**

Clipper Cove Village 4-6 Association, Inc.

**2. Principal Office Address**

23081 Harborview Road

Suite, Apt. #, etc.

2nd floor

City & State

Port Charlotte, Florida

Zip

33950

Country

US

**3. Mailing Office Address**

P.O. Box 380758

Suite, Apt. #, etc.

City & State

Murdock, Florida

Zip

33938-0758

Country

US

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

6/17/2002

**5. FEI Number**

20-0556954

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

Kristine Wishard

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

23081 Harborview Road

Suite, Apt. #, Etc.

2nd floor

City

Port Charlotte

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

*Kristine Wishard*

REGISTERED AGENT MUST SIGN

Date

2/27/04

**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
V/S	Joe Boff	23081 Harborview Road	Port Charlotte, Florida 33950
VP/T	Teri Wilson	23081 Harborview Road	Port Charlotte, Florida 33950
D	Steven Oyer	23081 Harborview Road	Port Charlotte, Florida 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 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

Date

2/26/04

941-629-8190

Daytime Phone #

CR2E081 (01/04)