

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS **FORMED**

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 MAR 19 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000004619

1. Corporation Name

Blue Heron Of Cape Coral Condo Association, Inc.

2. Principal Office Address - No P.O. Box #
1104 SE 46th Lane

3. Mailing Office Address
1104 SE 46th Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Cape Coral FL

City & State
Cape Coral FL

Zip
33904

Country

Zip
33904

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
52-2215758

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
Rossman Realty Property Management, LLC

Street Address (P.O. Box Number is Not Acceptable)
1104 SE 46th Lane

Suite, Apt. #, Etc.

City
Cape Coral FL

State
FL

Zip Code
33904

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 *[Signature]*

Date 2.21.01

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	Tim Reichert	1308 SE 42nd Street #5 Cape Coral, FL 33904	
VP	Iona Moreland	1308 SE 42nd, Street #6	Cape Coral, FL 33904
ST	Marlene Moran	1308 SE 42nd Street #1	Cape Coral, FL 33904

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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:

Tim Reichert Tim Reichert

2.21.01

(239)
443.1091

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MAR 19 2007