

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUL -1 AM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO 2 000005868

1. Corporation Name
San Remo of Edgewater Homeowners'
Association, Inc.

2. Principal Office Address - No P.O. Box #

111 San Remo Dr

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1205

Suite, Apt. #, etc.

City & State

Edgewater FL

Zip

32141

Country

USA

City & State

Edgewater FL

Zip

32132

Country

USA

REINSTATEMENT

CR2E081 (12/08)

RH

4. Date Incorporated or Qualified
To Do Business in Florida

8-2-2002

5. FEI Number

11-3680121

☐ 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

Barbara E. Rabren, Secretary

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

111 San Remo Dr.

Suite, Apt. #, Etc.

City

Edgewater

State

FL

Zip Code

32141

☒ 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.

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07/01/09 01003 011 **131.25

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

Barbara E. Rabren, Secretary

REGISTERED AGENT MUST SIGN

Date

6/25/09

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	Donald W. McInnis	213 San Remo Circle	Edgewater, FL 32141
V	Denny Depew	119 San Remo Dr	Edgewater, FL 32141
T	Frank Evangelista	112 San Remo Dr	Edgewater, FL 32141
S	Barbara E. Rabren	111 San Remo Dr.	Edgewater, FL 32141
M	David Keazirian	108 San Remo Dr.	Edgewater, FL 32141

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:

Barbara E. Rabren, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/25/09 (386) 428-6334

Date

Daytime Phone #