

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -8 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N02000007015**

1. Corporation Name

CAPE HAZE MARINA BAY COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O TRIPLE DIAMOND ENTERPRISES, LLC
3439 TECHNOLOGY DR., SUITE 4
NOKOMIS FL 34275

C/O TRIPLE DIAMOND ENTERPRISES, LLC
3439 TECHNOLOGY DR., SUITE 4
NOKOMIS FL 34275



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/13/2002

5. FEI Number

Applied for.

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	KEATHLEY, TERRY	PO BOX 83	PLACIDA FL 33946
VD	ARP, DAVID	PO BOX 1967	NOKOMIS FL 34274
SD	HUNT, NANCY	PO BOX 5284	GROVE CITY FL 34224
TD	BEACH, JAMES	PO BOX 1967	NOKOMIS FL 34274

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12/08/03--01081--016 **236.25

8. Name and Address of Current Registered Agent

BEACH, JAMES ESQ
C/O TRIPLE DIAMOND ENTERPRISES, LLC
3439 TECHNOLOGY DR., SUITE 4
NOKOMIS FL 34275

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

James Beach

REGISTERED AGENT MUST SIGN

Date **12-2-03**

11. 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

Daytime Phone #

12-2-03

CR2E040 (7/03)