

To:
Subject: 000262.95754

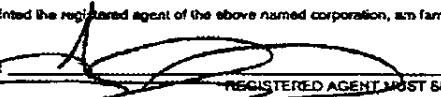
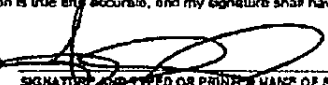
From: Ricky Soto

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H080002603083

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 20 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N03000003273			
1. Corporation Name Casa Amelia Townhomes Associates, Inc.			
2. Principal Office Address - No P.O. Box # 502 S. Albany Avenue		3. Mailing Office Address 502 S. Albany Avenue	
Suite, Apt. #, etc. Unit 2		Suite, Apt. #, etc. Unit 2	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33606	Country USA	Zip 33606	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 4/16/2003			
5. FEI Number 55-0842908		Applied For ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status			
☒ 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.			
7. Name and Address of Current Registered Agent			
Name Steven Ashe			
Street Address (P.O. Box Number is Not Acceptable) 502 S. Albany Avenue			
Suite, Apt. #, Etc. Unit 2			
City Tampa		State FL	Zip Code 33606
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 		Date 11/19/08	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/S/T	Steven Ashe	502 S. Albany Avenue, Unit 2	Tampa, FL 33606
VP	Robert J. Farricker	502 S. Albany Avenue, Unit 3	Tampa, FL 33606
VP	Michael McFarland	502 S. Albany Avenue, Unit 4	Tampa, FL 33606
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 		Steven Ashe, President 11/19/08 (813) 318-1380	
SIGNATURE OF PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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Division of Corporations

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Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

000262.95754

CORPORATION REINSTATEMENT

CASA AMELIA TOWNHOMES ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$420.00

\$245.00

\$175 Reinstatement waived

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Corporate Filing Menu

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