

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAR 24 AM 8:48

DOCUMENT # NO3000008762

1. Corporation Name
TECZA CASA CONDOMINIUM ASSOCIATION, INC

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

112 HAVEN BEACH DR.

Suite, Apt. #, etc.

#101

City & State

INDIAN ROCKS BEACH, FL.

Zip

33785

Country

USA

3. Mailing Office Address

112 HAVEN BEACH DR.

Suite, Apt. #, etc.

#101

City & State

INDIAN ROCKS BEACH, FL.

Zip

33785

Country

USA

000173007730
03/24/10--01025--004 **306.25
CB2E081 (12/07)

REINSTATEMENT

KS

4. Date Incorporated or Qualified
To Do Business in Florida

06-10
10/08/2003

5. FEI Number

☒ 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

ANNA MARIA TARRANT

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

112 HAVEN BEACH DR.

Suite, Apt. #, Etc.

#101

City

IRB - 1

State

FL

Zip Code

33785

☒ 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

Anna M. Tarrant

REGISTERED AGENT MUST SIGN

Date *March 2, 2010*

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
STD	Kevin Focke	112 HAVEN BEACH #102	IRB - FL. - 33785
VP	Patrick Tarrant	112 HAVEN BEACH #101	IRB - FL - 33785
PD	Anna M. Tarrant	112 HAVEN BEACH #101	IRB - FL - 33785

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:

Anna M. Tarrant

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 2, 2010

Date

927-595-1820

Daytime Phone #