

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAY -6 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000008032

1. Corporation Name

MS CONDOMINIUM ASSOCIATION, INC.

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

926 South Myrtle Ave

Suite, Apt. #, etc.

3. Mailing Office Address

926 South Myrtle Ave

Suite, Apt. #, etc.

City & State

Clearwater, Florida

City & State

Clearwater Florida

Zip

33756

Country

Zip

33756

Country

500128566265
05/06/08--01007--012 **245.00

REINSTATEMENT 05-08

4. Date Incorporated or Qualified
To Do Business in Florida

8/11/2004

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

Sheryl M. Haynes

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

46 North Pine Circle

Suite, Apt. #, Etc.

City

Belleair

State

FL

Zip Code

33756

☒ 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

Sheryl M. Haynes

REGISTERED AGENT MUST SIGN

Date 4/30/2008

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
PD	Patrick J. Shaughnessy	46 North Pine Circle	Belleair, Fl 33756
SD	Sheryl M. Haynes	46 North Pine Circle	Belleair, Fl 33756
VD	Umesh Choudhry	510 Druid Road East	Clearwater, Fl 33765
D	Rachna Choudhry	510 Druid Road East	Clearwater, Fl 33765

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:

Sheryl M. Haynes Sheryl M. Haynes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2008

Date

727-410-1483

Daytime Phone #