

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAR -9 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04289

1. Corporation Name

ST. TROPEZ CONDOMINIUM IV ASSOCIATION, INC.

Principal Place of Business

C/O STERLING MGMT INC.
1301 SEMINOLE BLVD
LARGOAY FL 33770

Mailing Address

C/O STERLING MGMT INC.
1301 SEMINOLE BLVD
LARGOAY FL 33770



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

05-06-99-90143-039 \$61.25

2. New Principal Office Address, If Applicable

2880 Scherer Drive

Suite, Apt. #, etc.

Suite 840

City & State

St. Petersburg, FL

Zip

33716

Country

3. New Mailing Office Address, If Applicable

2880 Scherer Drive

Suite, Apt. #, etc.

Suite 840

City & State

St. Petersburg, FL

Zip

33716

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/20/1984

5. FEI Number

59-2425998

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD D	SLATTERY, DENISE Carlson, Alan	3455 COUNTRYSIDE BLVD., #32 3455 Countryside Blvd #67	CLEARWATER FL 34621
PD D	MASTORIDES, KEITH Clark, Bill	3455 COUNTRYSIDE BLVD #35 3455 Countryside Blvd #50	CLEARWATER FL 34621
STD D	MURRY, MARK	3455 COUNTRYSIDE BLVD #65	CLEARWATER FL 34621
			100003180801-6 -03/22/00-01113-003 *****175.00 *****175.00
			REINSTATEMENT 94-06
			100003180801-SF -03/22/00-01113-004 *****51.25 *****51.25

8. Name and Address of Current Registered Agent

STERLING MANAGEMENT, INC.
C/O STERLING MGMT INC.
1301 SEMINOLE BLVD
LARGOAY FL 33770

9. Name and Address of New Registered Agent

Name
Sterling Management Inc.
Street Address (P.O. Box Number is Not Acceptable)
2880 Scherer Drive, Suite 840
Suite, Apt. #, Etc.
City
St. Petersburg
State
FL
Zip Code
33716

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11-5-99

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-5-99

Daytime Phone #

CR2010 (8/93)