

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 12 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000000 553

1. Corporation Name

COBBLESTONE TOWNHOMES CONDOMINIUM ASSOC
INC

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

3501 DEL PRADO BLVD

Suite, Apt. #, etc.

#100

City & State

CAPE CORAL FL

Zip

33904

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

100156846151
06/05/09--01004--027 **183.75

REINSTATEMENT

07-09

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-4777544

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

PROFESSIONAL READY CONS. OF LEE CO, INC

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

3501 DEL PRADO BLVD

Suite, Apt. #, Etc.

#100

City

CAPE CORAL

State

FL

Zip Code

33904

☒ 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

REGISTERED AGENT MUST SIGN

CAM

Date

6-1-09

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
PO	DAVID HIRSCHFELD	5524 EATON CT	BOCA RATON, FL 33486
VD	MARK ROUSSO	18851 NE 29TH AVE #900	BOCA RATON, FL 33100
STD	LAURIS BOUTANGER	1988 NE 149TH ST.	NORTH MIAMI, FL 33181
V	David Hirschfeld	5524 EATON CT	Boca Raton FL 33486

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAM George Tague

Date

6-1-09

Daytime Phone #

(239)

850-1098

BH