

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 MAY -7 P 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700180565007
05/07/10--01037--019 **482.25

CR2E081 (4/10)

DOCUMENT # N05000000 918

1. Corporation Name

Phillips Osprey Landing Condominium Assoc., Inc.

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

1059 N.E. Pine Island Rd

3. Mailing Office Address

1059 N.E. Pine Island Rd.

Suite, Apt. #, etc.

Suite #2

Suite, Apt. #, etc.

Suite #2

City & State

Cape Coral, FL

City & State

Cape Coral, FL

Zip

33909

Country

USA

Zip

33909

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/27/2005

5. FEI Number

20-2471338

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

Barry Woodrow

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

1059 N.E. Pine Island Road

Suite, Apt. #, Etc.

Suite 2

City

Cape Coral

State

FL

Zip Code

33909

PROFIT CORPORATIONS ONLY

☐ The \$600.00 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

Barry Woodrow
REGISTERED AGENT MUST SIGN

Date 5/3/2010

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
P/D	Jayne McIntyre	5520 Phillips St.	Bokeelia, FL 33922
S/T	Lundy Valentine	5538 Phillips St.	Bokeelia, FL 33922
D	DAVID TALMAGE	5536 Phillips St.	Bokeelia, FL 33922

REINSTATEMENT

06-10
qfr

10. E-mail Address: BARRYW@JWJ TAX.COM

(To be used for future annual report notification)

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. I further certify, 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:

Lundy S. Valentine

5/3/2010 239-458-1040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #