

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 AUG -8 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000001605

1. Corporation Name

Fogarty Corner Condominium Association, Inc.

W08 000035658

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

402 Appelrouth Lane

Suite, Apt. #, etc.

Suite #3

City & State

Key West,

Zip

33040

Country

USA

3. Mailing Office Address

402 Appelrouth Lane

Suite, Apt. #, etc.

Suite #3

City & State

Key West,

Zip

FL

Country

Monroe

4. Date Incorporated or Qualified

To Do Business in Florida

9-15-06

5. FEI Number

NONE

☐ 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 (New)

Name

NONE

Robert D. Calhoun

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

402 Appelrouth Ln., Ste #3 (Office)

Suite, Apt. #, Etc.

#3

City

Key West

State

FL

Zip Code

33040

☐ 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

Robert D. Calhoun

REGISTERED AGENT MUST SIGN

Date 7/23/08

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
Pres.	Stephanie Kapel	1830 Fogarty Ave. Unit 2	Key West, FL 33040
VP.	Robert D. Calhoun	913 Indies	Ramrod Key, FL 33042
Sec/T.	Susan K. Miller	1623 Bayview Ave.	Little Torch Key, FL 33042

REINSTATEMENT 06-08

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:

Robert D. Calhoun

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/08

Date

305-294-9006

Daytime Phone #