

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR 26 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100095794901
04/04/07--01028--002 **8.75

DOCUMENT # *ND5000001656*

1. Corporation Name

CIRCLE PARK CONDOMINIUMS OWNERS ASSOCIATION, INC.

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

10 PARK PLACE, SE

3. Mailing Office Address

P.O. BOX 4664

Suite, Apt. #, etc.

UNIT B-1

Suite, Apt. #, etc.

City & State

FORT WALTON BEACH, FL

City & State

FORT WALTON BEACH, FL

Zip

32548

Country

USA

Zip

32549

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/16/2005

5. FEL Number

20 2357 608

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

FELICIA G. RITZ

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

10 PARK PLACE SE

Suite, Apt. # Etc.

UNIT B-1

City

FORT WALTON BEACH

State

FL

Zip Code

32548

☒ 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

Felicia G. Ritz
REGISTERED AGENT MUST SIGN

Date *21 Mar 07*

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 | LINDA BREWINGTON | 1096 COURINGTON CT. | NICEVILLE, FL 32578 |
| V | RAMONA DESGRANGES | 171 LAKE LORRAINE | SHALIMAR, FL 32579 |
| S/T | FELICIA G. RITZ | 10 PARK PLACE, SE, #B-1 | FORT WALTON BEACH, FL 32548 |
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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:

Felicia G. Ritz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FELICIA G. RITZ, S/T

21 Mar 07
Date

850-598-3199
Daytime Phone #

jc3/29