

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 APR 27 PM 2: 57

KS

DOCUMENT #

1. Corporation Name

The Fountains at Countryside
Condominium Association, Inc

ND5000001962

700178058737
04/27/10--01026--003 **175.00

700178058737
04/27/10--01026--004 **61.25

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

5010 W. Carmen St.

3. Mailing Office Address

1022 Main St.

Suite, Apt. #, etc.

Suite 2612

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

FL Dunedin,

Zip

33609

Country

USA

Zip

34698

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2-24-2005

5. FEI Number

202450767

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

Robert ~~Tankel~~ Tankel

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

1022 Main St.

Suite, Apt. #, Etc.

City

Dunedin

State

FL

Zip Code

34698

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

[Signature]

Date

4/22/2016

REGISTERED AGENT MUST SIGN

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
PD	Marilyn Busardo	2500 Winding Creek Blvd A 206	Clearwater, FL 33761
STD	Peggy Bunch	705 Rolling Hills Pr	Palm Harbor FL 34683
D	Jessica Lunsford	2500 Winding Creek Blvd D206	Clearwater, FL 33761

10. E-mail Address:

jallen@KWpropertymanagement.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:

[Signature]

Pam L. Kromski
Property Manager

4/20/10

727-692-4339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #