

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2008 MAY 22 AM 7:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N050000002755

1. Corporation Name

Sorento Townhomes Homeowners  
Association, Inc.

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

3825 Henderson Blvd

Suite, Apt. #, etc.

Suite 600

City & State

Tampa, FL

Zip

33629

Country

US

3. Mailing Office Address

405 S. Dale Mabry Hwy

Suite, Apt. #, etc.

#314

City & State

Tampa, FL

Zip

33609

Country

US

**REINSTATEMENT**

CR2E081 (12/07)

00-08

4. Date Incorporated or Qualified  
To Do Business in Florida

3/16/2005

5. FEI Number

06-1817476

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

Khalil Abdo

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

334 S. Hyde Park

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33606



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

Date 5-13-2008

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
OPS	Joseph Abdo	334 S. Hyde Park	Tampa, FL 33604
RTS	Khalil Abdo	334 S. Hyde Park	Tampa, FL 33604

200130067372  
05/23/08 01008-007 \*\*450.00

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

Joseph Abdo

5-13-2008 713-219-9448

Date

Daytime Phone #

B. Mitchell MAY 22 2008