

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUN 11 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000007067

1. Corporation Name

The Enclave at Madeira Beach Homeowners Association, Inc.

300181986373
06/11/10--01028--004 **481.25

2. Principal Office Address - No P.O. Box #
120 E. 146th Avenue

3. Mailing Office Address
120 E. 146th Avenue

Suite, Apt. #, etc.

Unit A

Suite, Apt. #, etc.

Unit A

City & State

Madeira Beach, FL

City & State

Madeira Beach, FL

Zip

33708

Country

USA

Zip

33708

Country

USA

REINSTATEMENT
CR2E081(4710)

06-10

4. Date Incorporated or Qualified
To Do Business in Florida

07/11/2005.

5. FEI Number

Applied For

X 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

Ana Fernandes

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

10337 Fairchild Road

Suite, Apt. #, Etc.

City

Spring Hill

State

FL

Zip Code

34608

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

Date

6/2/10

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	Ana Fernandes	10337 Fairchild Road	Spring Hill, FL 34608
VD	Ellen Gibson	30 Wayne Drive	Wilmington, DE 19809
D	Paulo Fernandes	10337 Fairchild Road	Spring Hill, FL 34608
D	David Gibson	30 Wayne Drive	Wilmington, DE 19809

10. E-mail Address: fernandeslipa@yahoo.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:

Ellen Gibson / ELLEN GIBSON

6/2/10

302-753-4714