

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC 22 AM 8:19

DOCUMENT # ND500012440

1. Corporation Name

TEN EIGHT EIGHTY METRO CONDOMINIUM
ASSOCIATION, INC

C. COURTENAY DICKINSON

W08-55538

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

60880 A, METRO PKW:

Suite, Apt. #, etc.

A

City & State

FT MYERS FL,

33966

Country

LEE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

600139014876
12/15/08--01027--003 **122.50

600139014876
12/22/08--01065--001 **61.25

REINSTATEMENT

07-09

4. Date Incorporated or Qualified
To Do Business in Florida

12-12-2005

5. FEI Number 562600094
562601594

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

RICHARD V.S. ROOSA

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

1714 CAPE CORAL PARKWAY EAST

Suite, Apt. #, Etc.

N.A.

City

CAPE CORAL

State

FL

Zip Code

33904

☒ 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

R. V. Roosa

REGISTERED AGENT MUST SIGN

Date 11.26.2008

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:	C. COURTENAY DICKINSON	3501 S.E 18 th AVE	CAPE CORAL FL 33904
V.P.	HOWARD D. DICKINSON	9704 CASA LINDA CT.	FT MYERS, FL 33919
TRUST:	FRED MORGAN	1620 ALACA PLACE	TUSCALOOSA, AL 35401
V.P.			
SECT:			

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:

R. V. Roosa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11.26.2008 239-275-3490

Date

Daytime Phone #

11.19.2008 YOUR LETTER # 808A00057812

12/23