

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **FILED**

09 DEC 21 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05000012555

1. Corporation Name

THE PALMS AT MADEIRA BEACH CONDOMINIUM ASSOCIATION, INC.

400169864084
12/21/09--01002--011 **465.00
12/21/09--01002--011 **465.00

06-09
CR2E081 (11/09)

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

14225 Palm Street

Suite, Apt. #, etc.

3. Mailing Office Address

1325 W. Cass Street

Suite, Apt. #, etc.

City & State

Madeira Beach, FL

City & State

Tampa, FL

Zip

33709

Country

USA

Zip

33606

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 12/15/05

5. FEI Number

27-1455441

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

Joseph S. Silver

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

1325 W. Cass Street

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.

12/21/09--01002--011 **465.00

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 12/10/09

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 | Joseph S. Silver | 1325 W. Cass Street | Tampa, FL 33606 |
| S | Cathy Agacinski | 29 Cutler Rd | Morris Plains, NJ 07950 |
| T | Andy Mendenhall | 1313 Key West Ct | Wesley Chapel, FL 33543 |
| VP | William McCormick | 5956 107th Terrace N. | Pinellas Park, FL 33782 |
| | <i>[Handwritten Signature]</i> | | |

10. E-mail Address: alitig8tr@aol.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:

[Handwritten Signature]

Joseph S. Silver

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/10/09

Date

8132599863

Daytime Phone #