

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

10 JUL -1 AM 11:28

DOCUMENT # **NO5089**

1. Corporation Name
**SOMERSET VIEW CONDOMINIUM
ASSOCIATION INC.**

500182818375
07/01/10--01036--026 **490.00

REINSTATEMENT 06-1D

2. Principal Office Address - No P.O. Box #
Somerset View Condo Ass. ATT: J. Rodriguez

3. Mailing Office Address
ATT: J. Rodriguez

Suite, Apt. #, etc
726 SW47 TERR.

City & State
CAPE CORAL, FL.

Zip
23914

Country
U.S.A.

Suite, Apt. #, etc
3403 Hancock Bridge Pkwy

City & State
**UNIT #1
N. FORT MYERS, FL.**

Zip
33903

Country
U.S.A.

Date Incorporated or Qualified
to Do Business in Florida **9/11/1984**

5. FEI Number
250945921

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
J.R. & ASSOCIATES ATT: KARINA

Street Address (P.O. Box Number is Not Acceptable)
3403 Hancock Bridge Pkwy Rodriguez

Suite, Apt. #, Etc.
Unit #1

City
N. FORT MYERS

State
FL

Zip Code
33903

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
Karina M. Rodriguez

Date
6/24/2010

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	LUZ M. ZAPATA Rodriguez	15595 NE 10TH AVE N. M.B. FL.	33162
VP	JOSE F. Rodriguez	3403 Hancock Bridge Pkwy #1 N. F. MYERS, FL.	
ST	KARINA M. Rodriguez	1806 Four mile COVE Pkwy	CAPE CORAL, FL. 33906

10. E-mail Address: **KARINA.HOMES@COMCAST.NET**
(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 607.0101 or 617.0101, 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: **Jose I. Rodriguez V.P. Jose F. Rodriguez** **6/24/10**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(239) 333-1261