

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 MAR 27 AM 7:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **NO5481**

1. Corporation Name

Hidden Cove Association, Inc.

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

1936 W. MLK Blvd.

Suite, Apt. #, etc.

Suite 104

City & State

Tampa

Zip

FL

Country

33607

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

300121442313
03/27/08--01036--014 **358.75

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida 10/04/1984

5. FEI Number
592713609

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

Alan Soroory

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

1936 W. MLK Blvd. Suite 104

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33607

☐ 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

REGISTERED AGENT MUST SIGN

Date **3/18/2008**

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.	Alan Soroory	1936 W. MLK Blvd. Suite 104	Tampa, FL 33607
Tres.	Alan Soroory	1936 W. MLK Blvd. Suite 104	Tampa, FL 33607
Dir.	Alan Soroory	1936 W. MLK Blvd. Suite 104	Tampa, FL 33607
VP, Dir	Ali Iranmanesh	1936 W. MLK Blvd. Suite 104	Tampa, FL 33607
Sec.	Ali Iranmanesh	1936 W. MLK Blvd. Suite 104	Tampa, FL 33607
Dir.	Hans Jaspers	1936 W. MLK Blvd. Suite 104	Tampa, FL 33607

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:

Alan Soroory

3/18/2008

813-220-7060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B. Mitchell MAR 27 2008