

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAY 28 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05524

1. Corporation Name

PARK CENTRE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

GEIGLE, KEVIN J
1872 HUNT LANE
CLEARWATER FL 34624
US

11300 66TH ST. N.
LARGO FL 34643

REINSTATEMENT 97-98



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-05/29/98--01002--010

*****70.00 *****70.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
1737 Robin Hood Lane

3. New Mailing Office Address, If Applicable
1737 Robin Hood Lane

4. Date Incorporated or Qualified
To Do Business in Florida

10/08/1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2716428

Applied For

Not Applicable

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip

33764

Country

USA

Zip

33764

Country

USA

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PD	GEIGLE, KEVIN J	1872 HUNT LANE	CLEARWATER FL
SD	GARCIA, MANUEL	11100 66TH ST. N. #7	LARGO FL
D	PIERCE, KATHY	11250 66TH ST NO	LARGO FL
D	GRUNDMAN, CAROL	11250 66TH ST NO	LARGO FL
D	SEEDON, ALFRED	6741 BRYAN DAIRY RD	LARGO FL

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*****236.25 *****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HAMS, ERNEST D.
12909 PARK BLVD.
SEMINOLE FL 34646-0638

Name

Kevin J. Geigle

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

1737 Robin Hood Lane

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33764

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Date 5/27/98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 27, 1998

813-531-0279

Date

Daytime Phone #

CFR2040 (8/97)