

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 FEB 21 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **NO6000000737**

1. Corporation Name
The hosts on main Street Condominium Association, Inc.

2. Principal Office Address - No P.O. Box #
2477 Stickney Pt. Rd

Suite, Apt. #, etc.

#118A

City & State

Sarasota FL

Zip

34231

Country

USA

3. Mailing Office Address

**Argus
2477 Stickney Pt Rd**

Suite, Apt. #, etc.

#118A

City & State

Sarasota FL

Zip

34231

Country

USA

REINSTATEMENT 07-08^{KS}

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

1-24-06

5. FEI Number

20-4337145

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
Argus Property Management

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

2477 Stickney Pt Rd

Suite, Apt. #, Etc.

118A

City

SARASOTA

State

FL

Zip Code

34231

☒ 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

[Signature]

Date

REGISTERED AGENT MUST SIGN

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	Stan Lawrence	8111 Main St	Bradenton FL 34202
VP	N/A		
Sec	Angela Massaro-Fain	8111 Main St	Bradenton FL 34202
Treas	Ted Abrams	8111 Main St	Bradenton FL 34202

800118451148
02/20/08--01034--004 **122.50

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
Stan Lawrence

Date

2-11-08

Daytime Phone #