

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2013 NOV 25 AM 11:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # NO6000002391

1. Corporation Name

**Treesdale Condominium Association, Inc.**

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

**1818 9th Avenue East**

Suite, Apt. #, etc.

City & State

**Bradenton, FL**

Zip

**34208**

Country

**USA**

3. Mailing Office Address

**1818 9th Avenue East**

Suite, Apt. #, etc.

City & State

**Bradenton, FL**

Zip

**34208**

Country

**USA**

CR2B081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida  
03/02/2006

5. FET Number

**204445229**

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

**Richard J. McIntyre**

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

**6943 East Fowler Avenue**

Suite, Apt. #, Etc.

City

**Temple Terrace**

State

**FL**

Zip Code

**33617**

**500254198425**  
**11/25/13--01046--004 \*\*297.50**

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

Date 11/22/2013

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
D	Zachary Oseland	6943 East Fowler Avenue	Temple Terrace, FL 33617
D	Monica McInnis	6943 East Fowler Avenue	Temple Terrace, FL 33617
D	Clint Miller	6943 East Fowler Avenue	Temple Terrace, FL 33617
	<b>REINSTATEMENT</b>		
	<u>2012-2013</u>		<b>S. HAWKES</b>
			NOV 26 2013

10. E-mail Address: zoseland@avestacommunities.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Zachary Oseland  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/22/2013

813-444-1525

Date

Daytime Phone #

EXAMINER