

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT -1 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N 060000 1111 3*

1. Corporation Name

HANCOCK BRIDGE CONDOMINIUM ASS. INC

REINSTATEMENT *08-09*

10/01/09--01044--001 **122.50
200161246852

CR2E081 (12/08)

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

3418 SE

3. Mailing Office Address

3418 SE

Suite, Apt. #, etc.

18th Place

Suite, Apt. #, etc.

18th Place

City & State

CAPE CORAL FL

City & State

CAPE CORAL FL

Zip

33904

Country

LEE

Zip

33904

Country

LEE

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

FIN 383755426

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

ROOSA RICHARD

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

1714 CAPE CORAL PARKWAY EAST

Suite, Apt. #, Etc.

City

CAPE CORAL

State

FL

Zip Code

33904



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

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
<i>P</i>	<i>DANIEL TARANTINI</i>	<i>3418 SE 18th Place</i>	<i>CAPE CORAL 33904</i>
<i>S</i>	<i>RICHARD ROOSA</i>	<i>1714 CAPE CORAL PKWY</i>	<i>CAPE CORAL 33904</i>

2010/1

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

9-28-09

Date

732 991 1016

Daytime Phone #