

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 28 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **NO6000012227**

1. Corporation Name

**Miramar Links at Lakewood Ranch II
condominium Association, Inc.**

700152913577
04/28/09--01004--020 **183.75

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

9031 Town Center Pkwy
Suite, Apt. #, etc.

3. Mailing Office Address

9031 Town Center Pkwy
Suite, Apt. #, etc.

City & State

Bradenton, FL

Zip

34202

Country

USA

City & State

Bradenton, FL

Zip

34202

Country

USA

REINSTATEMENT

07-09

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/20/06

5. FEI Number

20-1999843

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

Advanced Management, Inc.

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

9031 Town Center Pkwy

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34202

☒ 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

DRZ

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
DP	Charlie Brasington	649 Riverside Rd. N. Palm Beach, FL 33408	←
DV	Stacey Brasington	649 Riverside Rd.	N. Palm Beach, FL. 33408
DST	Dean Howe	649 Riverside Rd.	N. Palm Beach, FL. 33408
Agent	Douglas E. Wilson	9031 Town Center Pkwy	Bradenton, FL 34202

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:

DRZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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