

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 25 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06755

1. Corporation Name

Village of Tampa Mobile Home Association, Inc.

700031355337

03/29/04--01089--004 **428.75

2. Principal Office Address

1261 Autumn Drive

Suite, Apt. #, etc.

Lot #258

City & State

Tampa, Florida.

Zip

Country

33613-2313

USA

3. Mailing Office Address

1261 Autumn Drive

Suite, Apt. #, etc.

Lot #258

City & State

Tampa, Florida.

Zip

Country

33613-2313

USA

REINSTATEMENT 01-04

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

12/20/1984

5. FEI Number

N/AE

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

Christoph J. Guzzo

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

1261 Autumn Drive

Suite, Apt. #, Etc.

Lot #258

City

Tampa.

State

FL

Zip Code

33613-2313

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 March 22, 2004

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
P	Christoph J. Guzzo	1261 Autumn Drive	Tampa, Florida. 33613-2313.
T	Sharon Mathias	14515 Fall Road	Tampa, Florida. 33613
S	Kathleen Casiglia	1335 Four Seasons Blvd.	Tampa, Florida. 33613
VP	Allen Denson	1320 Four Seasons Blvd.	Tampa, Florida. 33613
D	Elijah Lucas	14503 Fall Road	Tampa, Florida. 33613
D	Ralph Fischer	1271 Autumn Drive	Tampa, Florida. 33613

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 under section 119.07(3)(f), 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:

Christoph J. Guzzo. March 22, 2004 813-917-0017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TR

152582
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Date March 22, 2004

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

CONTINUED LIST

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Gloria Ross-Hu	1448 Four Seasons Blvd	Tampa, FL 33613
D	Steve Bartelt	1327 Four Seasons Blvd.	Tampa, FL 33613
D	Robert Scanlon	1268 Four Seasons Blvd	Tampa, FL 33613

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SIGNATURE:

Christoph J. Guzzo. March 22, 2004 813-917-0017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR-60301 (01/04)