PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR3E081 (11/10)

DOCUMENT # N07000004828

1. Corporation Name

MacDill Landings Condominiums Association, Inc

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
15310 Amberly Drive	15310 Amberly Drive
Suite, Apt. #, etc. STE 250	Suite, Apt. #, etc. STE 250
City & State Tampa, FL	City & State Tampa, FL
Zip 33647 / Country USA	Zip 33647 / Country USA

4. Date Incorporated or Qualified To Do Business in Florida May 2007

5. FEI Number 90-0409502 ☐ 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: PMI Tampa

Street Address (P.O. Box Number is Not Acceptable): 15310 Amberly Drive

Suite, Apt. #, Etc: STE 250

City: Tampa | State: FL | Zip Code: 33647

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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: September 25, 2021

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
President	Jose Garcia	5008 S MacDill Ave	Tampa, FL 33611
Secretary	Donald Morelock	5008 S MacDill Ave	Tampa, FL 33611
Treasurer	Steven Lazzara	5008 S MacDill Ave	Tampa, FL 33611

10. **E-mail Address:** info@pmitampa.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: _____ Jose Garcia 09 / 27 / 2021 813-319-5496

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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