

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # N09206

1. Corporation Name

GOOSE COVE II CONDOMINIUM ASSOCIATION, INC.

2015 JUL 17 PM 2:31

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

1025 7th Street

Suite, Apt. #, etc.

3. Mailing Office Address

1001 Delaney Park Drive

Suite, Apt. #, etc.

City & State

Cedar Key, Florida

City & State

Orlando, Florida

Zip

32625

Country

USA

Zip

32806

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

05/09/1985

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED

N/A

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Benjamin C. Iseman

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

1031 W. Morse Blvd.

Suite, Apt. #, Etc.

Suite 350

City

Winter Park

State

FL

Zip Code

32789

600275177096
08/13/15--01025--009 **\$1.25

600275177096
07/17/15--01032--027 **\$51.25

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

REGISTERED AGENT MUST SIGN

Date **7/13/2015**

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
PTD	Benjamin C. Iseman	1001 Delaney Park Drive	Orlando, FL 32806
VD	Zane Palmer	8811 S.W. 8th Ave.	Gainesville, FL 32607
SD	Pamela A. Kressley	1001 Delaney Park Drive	Orlando, FL 32806
D	Christine Bougie	1025 7th Street, Unit 4	Cedar Key, FL 32625
REINSTATEMENT			
1986-2015			

10. E-mail Address: **goosecove2@gmail.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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/2015 407-489-8555
Date Daytime Phone #

JUL 17 2015