

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 NOV 10 11 9:30

SECRETARY OF STATE
JAIL ABANDONED FLORIDA

DOCUMENT # N10000007554

1. Corporation Name

DOWNTOWN CLEARWATER MERCHANT'S ASSOCIATION, INC.

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

1006 Drew Street

Suite, Apt. #, etc.

3. Mailing Office Address

1006 Drew Street

Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip

33755

Country

US

Zip

33755

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

08/09/2010

5. FEI Number

36-4676584

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (11/10)

300279018313
11/10/15--01028--019 **358.75

7. Name and Address of Current Registered Agent

Name

Elise K. Winters

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

1006 Drew Street

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33755

NOV 12 2015

L. SELLERS

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 November 5, 2015

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	Bledar Starova	1677 Souvenir Drive	Clearwater, FL 33755
VP	Leif Osuarsson	628 Cleveland Street #1109	Clearwater, FL 33755
T	Dennis Bosi	812 Park Street	Clearwater, FL 33756
S	Janet Bender	629 Cleveland Street	Clearwater, FL 33755

REINSTATEMENT 2013-2015

10. E-mail Address: ewinters@elisekwinters.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:

DENNIS BOSI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-2-15 727 446-1057

Date

Daytime Phone #