

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 OCT 27 AM 8:21

10/29

DOCUMENT # N12075

1. Corporation Name

GRANADA PLACE CONDOMINIUM ASSOCIATION OF TAMPA, INC.

Principal Place of Business

C/O CAROLINE L. CRISLIP
3304-B WEST GRANADA
TAMPA FL 33629
US

Mailing Address

C/O CAROLINE L. CRISLIP
3304-B WEST GRANADA
TAMPA FL 33629
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

11/14/1985

5. FEI Number

59-2868339

Applied For

☒ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	SHERMAN, ROCHELLE	3304-A WEST GRANADA ST	TAMPA FL
VD	MCKITCHEN, KATHY	3304-A WEST GRANADA ST	TAMPA FL
STD	CRISLIP, CAROLINE	3304-B WEST GRANADA ST	TAMPA FL
			900002333319--9 -10/29/97--01134--004 ***236.25 ***236.25

8. Name and Address of Current Registered Agent

CRISLIP, CAROLINE L.
3304-B WEST GRANADA ST
TAMPA FL 33629

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Caroline L. Crislip

REGISTERED AGENT MUST SIGN

Date 10-25-97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on Intangible tax.)

12. 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)(i), 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: *Caroline L. Crislip*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-25-97 (813)963-0066
Date Daytime Phone #

CR2040 (8/97)