

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 DEC -7 PM 3:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N13975**

1. Corporation Name

JETTON PLACE CONDOMINIUM ASSOCIATION, INC.

W09-50542

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

1712 W JETTON AVE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

UNIT A

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

Zip

33606

Country

USA

Zip

Country

800162843848

11/16/09--01028--025 \*\*236.25

CR2E081 (11/09)

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

08-09

5. FEI Number

59-2954491

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

GINGER C TURNER

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

1712 W JETTON AVE

Suite, Apt. #, Etc.

UNIT B

City

TAMPA

State

FL

Zip Code

33606

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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12/07/09--01016--019 \*\*61.25

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

11-12-2009

**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
PRES	ROLAND J ALVAREZ	1712 W JETTON AVE UNIT C	TAMPA FL 33606
VP	KEVIN GRAY	1712 W JETTON AVE UNIT A	TAMPA FL 33606
TREAS	GINGER C TURNER	1712 W JETTON AVE UNIT B	TAMPA FL 33606
SEC	MICHAEL RIAZZI	1712 W JETTON AVE UNIT D	TAMPA FL 33606

10. E-mail Address: GINGERFSUNOLES@YAHOO.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., 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.

SIGNATURE:

*[Signature]*

GINGER C TURNER

11/12/2009

813363002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/17/09