

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUL 17 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N19844**

1. Corporation Name
Magdalena Terrace Condominium Association, Inc.

000021370570
07/24/03--01058--012 **131.25

2. Principal Office Address

2732 Magdalena Dr.

Suite, Apt. #, etc.

Unit E

City & State

Punta Gorda, FL

Zip

33950

Country

3. Mailing Office Address

c/o 2421 Shreve Street

Suite, Apt. #, etc.

Suite 115

City & State

Punta Gorda, FL

Zip

33950

Country

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

3/26/87

5. FEI Number

93 0980954

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

Dorothy M. Bennett

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

2421 Shreve Street

Suite, Apt. #, Etc.

Suite 115

City

Punta Gorda

State

FL

Zip Code

33950

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

Dorothy M. Bennett
REGISTERED AGENT MUST SIGN

Date **6/30/03**

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
PDT	Michael Schupp	311 Sprucewood Road	Lake Mary, FL 32746
VP	Glenn Thompson	2732 Magdalena Drive Unit E	Punta Gorda, FL 33950
SD	Lisa Spinola	2732 Magdalena Drive Unit E	Punta Gorda, FL 33950

10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/03
Date

Daytime Phone #