

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC -3 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N25843**

1. Corporation Name

**Cinnamon Cove Villas IV
Condominium Assoc, INC**

2. Principal Office Address

C/O SPS INC

3. Mailing Office Address

C/O SPS INC

Suite, Apt. #, etc.

**#201
12065 Metro PKWY**

Suite, Apt. #, etc.

**#201
12065 Metro PKWY**

City & State

FORT MYERS, FL

City & State

FORT MYERS, FL

Zip

33912

Country

USA

Zip

33912

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1988

5. FEI Number

65-0114900

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

SPS INC.

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

12065 Metro PKWY

Suite, Apt. #, Etc.

201

City

FORT MYERS

State

FL

Zip Code

33912

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

11/20/02

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
PD	WILLIAM MATUSZAK	16600 GINGER LANE -- # 238	FORT MYERS, FL 33908
VP	Sheldon Rismann	11511 CARAVEL CIR #221	FORT MYERS, FL 33908
S/T	Ronald W. Buss	16520 GINGER LN # 207	FORT MYERS, FL 33908
D	Anne L. Tucker	16550 GINGER LN # 224	FORT MYERS, FL 33908
D	Robert Wilson	16600 GINGER LN # 237	FORT MYERS, FL 33908

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:

Ronald W. Buss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/26/02

Daytime Phone #

239-267-8337



PROPERTY SERVICES

**Spectrum Property
Services**

West Coast

12065 Metro Parkway
Suite 201
Fort Myers, Florida 33912

239/489-4000

Facsimile 239/479-7781

East Coast

224 Datura Street
Suite 1314
West Palm Beach, Florida
33401

561/653-0096

Facsimile 561/653-0097

Property Management

Community Associations
Condominiums
Homeowner
Timeshare

Consulting Services

Development Communities
Self-Managed Communities
Operating & Reserve Budgets
Policy and Procedure Manuals
Preventative Maintenance
Annual Operating Schedule
Association Meetings

SPS INC.

Spectrum Property Services

November 21, 2002

Department of State
Divisions of Corporations
PO BOX 6327
Tallahassee, Florida 32314

Dear Sirs:

Please find attached original and reinstatement for Cinnamon Cove Villas IV, we never received original notice. Please remove reinstatement charge. Also the check for \$61.25 is enclosed.

If you have any questions, please call me at the number above.

Thank you,


JoAnn Cyr
Administrative Bookkeeper

enclosures