

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 APR 21 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N26231

1. Corporation Name

Brookshire Condominium Association, Inc

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

1910 W. Sligh Av

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 272670

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa FL

Zip

33604

Country

Hillsborough

Zip

33688

Country

Hillsborough

200124390532

04/21/08--01002--029 **420.00

REINSTATEMENT 05-08

4. Date Incorporated or Qualified
To Do Business in Florida

5-3-1988

5. FEL Number

592592964

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

Joseph Casey

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

1910 W. Sligh Av # E108

Suite, Apt. #, Etc.

E108

City

Tampa

State

FL

Zip Code

33604

☐ 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.

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 4-14-08

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	Joseph Casey	1910 W. Sligh Av # E108	Tampa, FL 33604
VD	Alfred Dibella Jr	5120 Interbay Blvd #6	Tampa, FL 33611
SD	Kathryn Jasen	6281 Kimball Ct	Springhill, FL 34606

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 contained in Chapter 119, 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

4-14-08

Date

83-7165-5611

Daytime Phone #