

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~CORPORATION~~
~~REINSTATEMENT~~



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

FILED

00 MAY 22 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N27085

1. Corporation Name

THE MARK CONDOMINIUM ASSOCIATION INC.

2. Principal Office Address

710 94TH AV. N.

Suite, Apt. #, etc.

#302

City & State

ST. PETE FL

Zip

33702

Country

PINELLAS

3. Mailing Office Address

PO BOX 22125

Suite, Apt. #, etc.

City & State

ST. PETE, FL

Zip

33742

Country

PINELLAS

4. Date Incorporated or Qualified
To Do Business in Florida

6-22-88

5. FEI Number

59-2904183

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

SP

7. Name and Address of Current Registered Agent

Name

William Keene

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

6822 22nd Ave North, #135

Suite, Apt. #, Etc.

St. Petersburg, FL

City

State

FL

Zip Code

33712

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

William Keene

REGISTERED AGENT MUST SIGN

Date

4-28-2000

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	William Keene	6822 22nd Ave N, #135 St. Petersburg, FL 33710	ST Petersburg, FL 33710
V-P.	John French	6822 22nd Ave N, #135	ST Petersburg, FL 33710
S/T	D Barbon For Ke	6822 22nd Ave N, #135	St. Petersburg, FL 33710

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: William Keene Wm Keene
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-28-2000

Daytime Phone #

727-577 7802

CR2E081 (9/99)