

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

97 MAY -1 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N29555

1. Corporation Name
IMPERIAL LAKES ESTATE, UNIT ~~A~~ III
CONDOMINIUM ASSOCIATION, INC

Principal Place of Business
8565 CROWN IS CT
PALMETTO, FL 34221

Mailing Address
CO ANCHOR PROP. MGMT.,
5519-B HANLEY RD.
TAMPA, FL 33634

REINSTATEMENT 96-97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable
ANCHOR PROP. MGMT., INC

4. Date Incorporated or Qualified
To Do Business in Florida 12-5-1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.
5519-B HANLEY RD.

5. FEI Number

Applied For

City & State

City & State
TAMPA, FL 33634

59-2373226

Not Applicable

Zip

Country

Zip

Country

33634

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D	BARBARA LYHNE	8507 COUNTESS AVE. CIR	PALMETTO, FL 34221
D	FAITH HALL	8532 COUNTESS AVE, CIR	PALMETTO, FL 34221
D	BETTY GREINKE	8538 COUNTESS AVE. CIR	PALMETTO, FL 34221
			200002169602--4 -05/07/97--01069--004 ****297.50 ****297.50
			4/20/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ANCHOR PROPERTY MGMT. INC
5519-B HANLEY RD.
TAMPA, FL 33634

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Thay A. Caron

REGISTERED AGENT MUST SIGN

Date MAR 25, 1997

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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

B. Lyhne B. LYHNE

3/24/97

Date

729-5590

Daytime Phone #

CR2E040 (12/96)