

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 22 AM 9:45

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N 31600

1. Corporation Name

TINGER / TREASURE CANAL MAINTENANCE
ASSOCIATION

2. Principal Office Address

19-A TREASURE RD

Suite, Apt. #, etc.

City & State

MARATHON, FL

Zip

33050

Country

USA

3. Mailing Office Address

19-A TREASURE RD

Suite, Apt. #, etc.

City & State

MARATHON, FL

Zip

33050

Country

USA

REINSTATEMENT

95-
03

**4. Date Incorporated or Qualified
To Do Business in Florida**

1989

5. FEI Number

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

STEVEN ERRERA

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

19A TREASURE RD

Suite, Apt. #, Etc.

City

MARATHON

State

FL

Zip Code

33050

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

Steven Errera
REGISTERED AGENT MUST SIGN

Date

10/14/03

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
P/D	STEVEN ERRERA	19A TREASURE RD	MARATHON, FL 33050
S/D	DEBORAH BALTER	74 TINGLER LANE	MARATHON, FL 33050
T/D	SYLVIA MONTGOMERY	65 TINGLER LANE	MARATHON, FL 33050
T/D	JUDITH CAMPBELL	65 TINGLER LANE	MARATHON, FL 33050

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:

Steven Errera

STEVEN ERRERA

10/14/03

305-289-7255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7 10/27

CR2E081 (10/02)