

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 MAY 30 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N34656

1. Corporation Name

Uistas Homeowners' of Seabrooke, Inc.

Principal Place of Business

Mailing Address

Community Management Concepts
4175 East Bay Drive suite 205
Clearwater, FL 34624

REINSTATEMENT

96-97

Alan

5/30/97
October 12, 1989

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

4. Date Incorporated or Qualified
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2981207

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/A	Gerry Gallo	3159 Shoreline Drive	Clearwater, FL 34620
T/A	John Scardino	3161 Shoreline Drive	Clearwater, FL 34620
VP/A	Dave Hickman	3186 Shoreline Drive	Clearwater, FL 34620

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-06/04/97--01059--004
****297.50 ****297.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Alan

Name

Community Management Concepts, Inc.

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

4175 East Bay Drive suite 205

Suite, Apt. #, Etc.

205

City

Clearwater

State

FL

Zip Code

34624

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

[Signature] CONTROLLING CMC
REGISTERED AGENT MUST SIGN

Date 5/27/97

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] Gerry Gallo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-97

Date

535-2533

Daytime Phone #

CR2040 (1/96)