

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

AND
FILED

98 DEC -7 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N35986**

1. Corporation Name

**CLEARVIEW LAKE ESTATES
HOMEOWNERS ASSOCIATION, INC**

~~1048-25844~~

Principal Place of Business

Mailing Address

**C/O PAT MOORE, SECRETARY
1773 SUNRISE PLACE
CLEARWATER, FL 33755**

REINSTATEMENT 93-98

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
NOT SURE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-2991539

Not Applicable

Zip

Country

Zip

Country

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
(D)	President WILLIAM WEIGAND III	1924 Sky Dr Clearwater, FL 33755	
(D)	Vice President EUGENE DOEBERT	1774 Starlight Dr Clearwater, FL 33755	700002706627--6 -12/09/98--01005--031 *****542.50 *****542.50
(D)	Secretary PAT MOORE	1773 Sunrise Pl Clearwater, FL 33755	
(D)	Treasurer LAURA E POTTER	1707 Algonguin Dr Clearwater, FL 33755	700002706627--6 -12/09/98--01005--032 *****8.75 *****8.75
			12/17

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**SYD SNAIR
1912 CLEARVIEW LAKE DR
CLEARWATER FL 34615**

Name
PATSY A. "PAT" MOORE
Street Address (P.O. Box Number is Not Acceptable)
1773 Sunrise Place
Suite, Apt. #, Etc.
City
Clearwater State
FL Zip Code
33755

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

Patsy A. Moore

REGISTERED AGENT MUST SIGN

Date **11-14-98**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐ **N/A**

(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:

Patsy A. Moore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DIRECTOR AND SECRETARY

Date

Daytime Phone #

PATSY A. MOORE 11/14/98

1-727-447-8198