

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR -8 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N137008

1. Corporation Name Eagle Creek II CONDOMINIUM ASSOCIATION INC

REINSTATEMENT 03-04

2. Principal Office Address

9031 Town Center Pkwy
Suite, Apt. #, etc.

3. Mailing Office Address

9031 Town Center Pkwy
Suite, Apt. #, etc.

City & State

Bradenton FL

City & State

Bradenton FL

Zip

34202

Country

USA

Zip

34202

Country

USA

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

3/9/1990

5. FEI Number

65-0215708

Applied For

☐ **Not Applicable**

6. CERTIFICATE OF STATUS DESIRED ☐

**\$9.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

AMI - Advanced Management Inc. 600028545566

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

9031 Town Center Pkwy.

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34202

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**

Lisa M. Schindler

REGISTERED AGENT MUST SIGN

Date 2-6-04

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
<u>PRES</u>	<u>CHRISTINE AUMAN</u>	<u>7670 Eagle Creek Dr.</u>	<u>SARASOTA FL 34243</u>
<u>SEC</u>	<u>JEFF GRUBBS</u>	<u>7682 Eagle Creek Dr</u>	<u>Sarasota FL 34243</u>
<u>TRES</u>	<u>LISA SHINDLER</u>	<u>8146 MISTY OAKS BLVD</u>	<u>SARASOTA FL 34234</u>

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

Lisa M. Schindler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-04

Date

Daytime Phone #

CR2E081 (10/02)