

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 OCT 10 AM 9:21
TALLAHASSEE, FLORIDA

DOCUMENT # N37432

1. Corporation Name

CENTRAL METROPOLITAN COMMERCIAL
CENTER OWNERS ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #

14311 METROPOLIS AV

Suite, Apt. #, etc.

101

City & State

FORT MYERS, FL

Zip

33912

Country

USA

3. Mailing Office Address

14311 METROPOLIS AV

Suite, Apt. #, etc.

101

City & State

FORT MYERS, FL

Zip

33912

Country

USA

REINSTATEMENT

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

3.29.1990

5. FEI Number

65-0301128

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

BILL ENNEN

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

14311 METROPOLIS AV

Suite, Apt. #, Etc.

101

City

FORT MYERS

State

FL

Zip Code

33912

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Bill Ennen

Date

9-19-07

REGISTERED AGENT MUST SIGN

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	BILL ENNEN	14311 METROPOLIS AV 101	FORT MYERS, FL 33912
VP	GARY POLIAKOFF	3111 STIRLING ROAD	FT LAUDERDALE, FL 33312
S/T	RANDY MERCER	13350 METRO PKWY 102	FORT MYERS, FL 33916

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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 contained in Chapter 119, 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:

Bill Ennen

BILLENENI

9-19-07

293.454.9154

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #