

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 NOV 13 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N41413**

1. Corporation Name

TAVARES COVE MOBILE HOME OWNERS, INC.

Principal Place of Business

% LEE JAY COLLING ESO
SUITE #700
ORLANDO FL 32801
US

Mailing Address

% LEE JAY COLLING ESO
20 N. ORANGE AVE., SUITE 700
ORLANDO FL 32801
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT *96*

4. Date Incorporated or Qualified
To Do Business in Florida

12/21/1990

5. FEI Number

69-3051635

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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	RENSHAW, LEE	2100 SANTA CATALINA	W PALM BEACH FL
S	ZEITLER, ROBIN (DELETE)	2335 AVE MADRID OSTE	W PALM BEACH FL
P/D	JOYCE WILLIAMS	6196 SANTA CATALINA	W PALM BEACH FL
D	MCINNIS, JOHN (DELETE)	8147 CALLE DEL ROSA	W PALM BEACH FL
S/D	CYNTHIA PHELPS	2121 SANTA CATALINA	WEST PALM BEACH FL
V	ROYAL, IRNE (DELETE)	6106 SANTA CATALINA	WEST PALM BEACH FL
T/D	JOHN PHELPS	2121 SANTA CATALINA	W PALM BEACH FL
P	BENNER, DONNA (DELETE)	6205 SANTA CATALINA	W PALM BEACH FL
T	HENNINGER, DAVID (DELETE)	2339 ALHAMBRA	WEST PALM BEACH FL

8. Name and Address of Current Registered Agent

COLLING, LEE JAY ESO
20 N ORANGE AVE
SUITE 700
ORLANDO FL 32801

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is not acceptable)

Suite, Apt. #, Etc.

City

6200020000416-9

11/20/96-01029-003

****175.00 ****175.00

6000020000416-9

11/20/96-01029-004

****61.25 ****61.25

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0401, F.S.

Signature of
Registered Agent

Lee Jay Colling
REGISTERED AGENT MUST SIGN

Date

10-31-96

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:

Cynthia Phelps
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 25, 1996

561/967-3993

Date

Daytime Phone