

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV -9 PM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N41855**

1. Corporation Name

**East Village Co-Op Owners
Assoc. Inc**

11-13-09

100162638721
11/09/09--01060--004 **122.50

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

3. Mailing Office Address

1455 Quail Lake Dr

REINSTATEMENT 11-09

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

City & State

City & State

Venice, FL

5. FEI Number

65-0254032

☐ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

34293 USA

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **Barbara A. Scott**

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

1455 Quail Lake Dr

Suite, Apt. #, Etc.

City **Venice**

State **FL**

Zip Code

34293



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 section 617.0503, F.S.

Signature of
Registered Agent **Barbara A. Scott**
REGISTERED AGENT MUST SIGN

Date **11-6-09**

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
DP	Hank Sonnabend	620 Lakescene Dr	Venice, FL 34293
DV	Robert Bickel	3148 Heron Shores Dr	Venice, FL 34293
DT	Barbara A. Scott	1455 Quail Lake Dr	Venice, FL 34293

10. E-mail Address: **bndscott@comcast.net**
(To be used for future annual report notifications)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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. I further certify 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:

Barbara A. Scott

11-6-09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone#