

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAR -1 AM 11:55

DOCUMENT # N45144

1. Corporation Name

WELLCARE CENTER CONDOMINIUM ASSOCIATION, INC.

REINSTATEMENT 09-10

800169246828
02/17/10--01006--016 **61.25 KS
CR2E081 (11/09)

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

125 PATRICIA AVENUE

Suite, Apt. #, etc.

UNITS A AND B

City & State

DUNEDIN, FLORIDA

Zip

34698-8100

Country

U.S

3. Mailing Office Address

125 PATRICIA AVENUE

Suite, Apt. #, etc.

UNITS A AND B

City & State

DUNEDIN, FLORIDA

Zip

34698-8100

Country

U.S

4. Date Incorporated or Qualified
To Do Business in Florida

09/13/1991

5. FEI Number

59-3106201

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

DOUGLAS L. JONES

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

125 PATRICIA AVENUE

Suite, Apt. #, Etc.

UNITS A AND B

City

DUNEDIN, FLORIDA

State

FL

Zip Code

34698-8100

☒ 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.

800169246828
03/04/10--01003--003 **192.50

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

[Signature]

Date *2-23-10*

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
DV	DOUGLAS L. JONES	1622 HERMOSA DRIVE	PALM HARBOR, FLORIDA 34683

10. E-mail Address:

(To be used for future annual report notification)

11. 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, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #