

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N45215**

1. Corporation Name

CPR HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

2189 CLEVELAND STREET
SUITE 225
CLEARWATER FL 33765
US

Mailing Address

2189 CLEVELAND STREET
SUITE 225
CLEARWATER FL 33765
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/19/1991

5. FEI Number

59-3080283

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

FILED

02 NOV 18 PM 6:34

SECRETARY OF STATE
DIVISION OF CORPORATIONS

11/18/02--01052--019--**236.25



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	4 City / State / Zip
PD VD	HARTZELL, BOBBIE	2520 COUNTRYSIDE PINES DR	CLEARWATER FL 33761
SD STD	OR, GARY BLATT, ROBERT	2530 COUNTRYSIDE PINES DR 2508	CLEARWATER FL 33761
VPD PD	GRIGGS, JEAN MARKS, ALEMDA	2530 COUNTRYSIDE PINES DR 2506	CLEARWATER FL 33761
D	SINGER, LYNNE CAIRO, SHELLEY	2540 COUNTRYSIDE PINES DR 2548	CLEARWATER FL 33761
D	MORALES, WILLIAM	2526 Countryside Pines Dr	

REINSTATEMENT 02

8. Name and Address of Current Registered Agent

LEIGHTON, LEONARD A
2189 CLEVELAND STREET
SUITE 225
CLEARWATER FL 33765

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/8/02

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 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.

BOBBIE HARTZELL

SIGNATURE

[Signature]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-7-02

Daytime Phone #

727-791-8811