

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FORM  
REINSTATEMENT



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

APPROVED  
AND  
FILED

1997 MAY 19 AM 9:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000003125**

1. Corporation Name

**SOUTHBRIDGE CONDOMINIUM NO. 1 ASSOCIATION, INC.**

*W97-10786*

Principal Place of Business

Mailing Address

5245 BIG PINE WAY  
FORT MYERS FL 33907

5245 BIG PINE WAY  
FORT MYERS FL 33907

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

06/24/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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
DP	<del>GOENAGA, ARMANDO J</del> <i>Bujak, Andrew</i>	5245 BIG PINE WAY, SUITE 102	FORT MYERS FL 33907
DV	<del>KLINE, JULIE</del> <i>Sealey, Joe</i>	5245 BIG PINE WAY, SUITE 102	FORT MYERS FL 33907
DST	<del>SASLOE, JODI</del> <i>McChesney, Valerie</i>	5245 BIG PINE WAY, SUITE 102	FORT MYERS FL 33907

**REINSTATEMENT**

*95-97  
2/23/97*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WATSKY, MORRIS J  
700 N.W. 107TH AVE.  
MIAMI FL 33172

Name

**200002192692--6**

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

\*\*\*\*358.75 \*\*\*\*358.75

Suite, Apt. #, Etc.

City

State

Zip Code

**FL**

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.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

*4/18/97*

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

*Valerie McChesney*

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/11/97*

Date

*(941) 936-4663*

Daytime Phone #

CR200406 (05/95)