

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

98 AUG -3 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 9500000448

1. Corporation Name

THE HOMES AT COVENTRY VILLAGE II HOMEOWNERS'
ASSOCIATION, INC.

Principal Place of Business

Mailing Address

Florida Central Management, Inc.
2430 Estancia Boulevard, Suite 114
Clearwater, Florida 34621

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

REINSTATEMENT 90-98

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

1/30/95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For

☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 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)

500002612735--2

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City, State, Zip 4
D-P	Michael Bezas	5696 Bridgeton Court	Palm Harbor, FL 34685
D-VP	Scott Fier	4963 Ridgemoor Circle	Palm Harbor, FL 34685
D-T	Helene Brozny	5659 Bridgeton Court	Palm Harbor, FL 34685
			<u>500002612735--2</u> -08/11/98--01026--016 ****358.75 ****358.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Bruce S. Goldstein
500 E. Kennedy Boulevard
Suite 200
Tampa, FL 33602

Name

BENNETT L. RABIN, ESQUIRE

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

Brudny & Rabin, P.A.

Suite, Apt. #, Etc.

18167 U.S. Highway 19 N., Suite 195

City

Clearwater

State

FL

Zip Code

33764

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

B. Rabin

REGISTERED AGENT MUST SIGN

Date 7/28/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

Michael S. Bezas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/98

Date

(813) 281-4492

Daytime Phone #