

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000000578

1. Corporation Name

KAREN'S COURT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7382 SPRING HILL DRIVE  
SPRING HILL FL 34606

7382 SPRING HILL DRIVE  
SPRING HILL FL 34606

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/01/1995

5. FEI Number

59-3299418

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPS	PEREIRA, JEANETTE	7382 SPRING HILL DRIVE	SPRING HILL FL 34606
DV	DIXON, ANNA	7380 SPRINGHILL DRIVE	SPRING HILL FL 34606
DT	PEREIRA, ANTONIO	7382 SPRING HILL DRIVE	SPRING HILL FL 34606

100030066491  
03/09/04 01038-002 \*\*297.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DIXON, ANNA  
7380 SPRING HILL DRIVE  
SPRING HILL FL 34606

GARY DIXON  
7380 Spring Hill Dr.  
Spring Hill FL 34606

Name

GARY DIXON

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

7380 SPRING HILL DR

Suite, Apt. #, Etc.

City

Spring Hill

State

FL

Zip Code

34606

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

GARY DIXON

REGISTERED AGENT MUST SIGN

Date

3/4/04

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.

SIGNATURE:

JEANETTE PEREIRA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/04  
Date

352-686 6803  
Daytime Phone #