


# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

|  |  |   |
|--|--|---|
| DOCUMENT # N95000000927  |  |  |
| 1. Entity Name<br>CORTEZ PLAZA APARTMENTS, BUILDING "A",<br>ASSOCIATION, INC.        |  |   |
| Principal Place of Business<br>4507 9TH STREET W.<br>APT 8<br>BRADENTON, FL 34207 US |  | Mailing Address<br>6702 9TH AVE WEST NW<br>BRADENTON, FL 34209 US                 |

FILED  
09 FEB -5 PM 4:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT** 08-09  
02025094 REIN-1P CRZE098 (1/07)

|  |         |                     |         |  |  |                               |
|--|---------|---------------------|---------|--|--|-------------------------------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         | 4. FEI Number<br>65-0662933  |  | Applied For<br>Not Applicable |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |                               |
| City & State                                   |         | City & State        |         |  |  |                               |
| Zip  | Country | Zip                 | Country |  |  |                               |

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent<br>KNOWLES, TIMOTHY A<br>HARLLEE, PORGES, HAMLIN & HAMRICK, P.A.<br>1205 MANATEE AVE. W.<br>BRADENTON, FL 34205 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |
|---|--|--|--|

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                                    |  |  |
|------------------------------------|--|--|
| <b>FILE NOW!!! FEE IS \$122.50</b> | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | Make check payable to<br>Florida Department of State |
|------------------------------------|--|--|

|  |  |   |   |
|--|--|---|---|
| 10. OFFICERS AND DIRECTORS                         |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>KUMMER, LARRY<br>6702 9TH AVE WEST<br>BRADENTON, FL 34209 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | 700142929357<br>02/05/09--01039--002 **122.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VP<br>HASLETT, KEITH<br>4507 9TH ST WEST UNIT A-8<br>BRADENTON, FL 34207 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or Supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Larry Kummer 2/2/09 941-792-6279  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #