

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 DEC 28 AM 9:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N 95000001217

1. Corporation Name

CMT OF PALMS PROPERTY OWNERS ASSOC. INC

2. Principal Office Address - No P.O. Box #

7636 39<sup>th</sup> ST CIRCLE EAST

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 76

Suite, Apt. #, etc.

City & State

SMARSONA, FL

City & State

TALLEHAST, FL 34270

Zip

FL 34243

Country

USA

Zip

34270

Country

U.S.A

4. Date Incorporated or Qualified  
To Do Business in Florida

3/13/1995

5. FEI Number

650650867

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name RONALD C. GRANDE

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

7636 39<sup>th</sup> ST CIRCLE EAST

Suite, Apt. #, Etc.

City

SMARSONA, FL

State

FL

Zip Code

34243

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/23/09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles           | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip  |
|------------------|--------------------------------------|---|---------------------|
| PD               | DANIEL WISE                          | 766 P 39 <sup>th</sup> ST CIRCLE E.               | SMARSONA FL. 34243  |
| VP               | MIKE STRIETELMEYER                   | 7640 39 <sup>th</sup> ST CIRCLE E.                | SMARSONA FL. 34243  |
| TD               | RONALD C GRANDE                      | 7636 39 <sup>th</sup> ST CIRCLE E.                | SMARSONA, FL. 34243 |
| SD               | GREGORY MAIER                        | 7639 39 <sup>th</sup> ST CIRCLE E.                | SMARSONA, FL. 34243 |
| REINSTATEMENT RH |                                      |   |                     |

10. E-mail Address: THE GRANDES @ HOTMAIL. COM

(To be used for future annual report notification)

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. I further certify, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

12/23/09

Date

741-306-5444

Daytime Phone #