

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 NOV 18 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N95000002425**

1. Corporation Name

MCCALL PLAZA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2980 MCCALL RD
SUITE 400
ENGLEWOOD FL 34224

2980 MCCALL RD
SUITE 400
ENGLEWOOD FL 34224

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.

~~210~~ 210

Suite, Apt. #, etc.

~~210~~ 210

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/19/1995

5. FEI Number

59-2752467

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

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
DPT	GOLLOM, PAUL H. Scott Wetmore	6220 BOURBON ST 5121 Ethelich Rd.	ENGLEWOOD FL 34224 Tampa, FL 33624
OS	MOODY, LINDA	7401 GRAND CONCOURSE ST 2960 McCall Rd # 107	ENGLEWOOD FL 34224
D DVP	WETMORE, TRACY L. Tracy L. Young	6008 WINDYBROOK RD 2960 McCall Rd, #240	ENGLEWOOD FL 34224

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-11/21/96--01089--030

***245.00 ***245.00

061-19-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GUNDERSON, MIKO P
1081 PLACIDA RD
SUITE 204
ENGLEWOOD FL

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, do hereby accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Michael P. Gunderson
REGISTERED AGENT MUST SIGN

Date

11/18/96

11. 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.)

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:

H. Scott Wetmore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/96 813-2646466
Daytime Phone