

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JAN 22 PM 12:10

DOCUMENT # N95000002993 (2)
1. Corporation Name FL 8-4 McCOWN TOWERS COMPLEX-
-RESIDENT'S ASSN. INC.

2. Principal Office Address
1300 6th Street, #209

3. Mailing Office Address
SAME AS LEFT

Suite, Apt. #, etc.
#209

Suite, Apt. #, etc.

City & State
SARASOTA, FL

City & State

Zip Country
34236-4901 U.S.A

Zip Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida 06-19-1995

5. FFL Number
NOT APPLICABLE

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
Margaret Skoutas

Street Address (if Acceptable)
1300 6th Street,

Suite, Apt. #, Etc.
#209

City
Sarasota,

State Zip Code
FL 34236-4901

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 *Margaret Skoutas*
REGISTERED AGENT MUST SIGN

Date 01-10-2001

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Augustus McClammzy	1300 6th Street, Apt.1005	Sarasota, FL 34236
V/D	Doris Barnhardt	1320 6th Str., Apt.507-E	Sarasota, FL34236
T/D	Joann Kelly Wolfe	1300 6th Str., Apt.909	Sarasota, FL34236
S/D	Margaret Skoutas	1300 6th Str., #209	Sarasota, FL34236
D	Bertha Williams	1320 6th Str., Apt.207-B	Sarasota, FL34236
D	Trudy Culver	1300 6th Str., Apt.902	Sarasota, FL34236

10. 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: Margaret Skoutas *Margaret Skoutas* 01-10-2001 941-362-9726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #