

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL -9 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 195000002993

1. Corporation Name

F18-4 McCown Towers Complex
Resident Assn. Inc.

2. Principal Office Address

1320 Blvd. of the Arts

3. Mailing Office Address

1320 Blvd. of the Arts

Suite, Apt. #, etc.

Apt. 201B

Suite, Apt. #, etc.

Apt. 201B

City & State

Sarasota, Fl.

City & State

Sarasota, Fl.

Zip

34236

Country

Sarasota

Zip

34236

Country

Sarasota

REINSTATEMENT 03-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

4-10-97

5. FEI Number

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

Bertha Williams

600037813526

07/09/04--01027--003 **17.00

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

1320 Blvd. of the Arts Apt. 201B

Suite, Apt. #, Etc.

Apt. 201B

City

Sarasota

State

FL

Zip Code

34236

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

Bertha Lee Williams

Date 6-7-04

REGISTERED AGENT MUST SIGN

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
Pres.	Arthur Walker	1320 Blvd. of the Arts Apt. 401D	Sarasota, Fl. 34236
V.P.	Bertha Williams	1320 Blvd. of the Arts Apt. 201B	Sarasota, Fl. 34236
Treas.	Annie Mae Douglas	1320 Blvd. of the Arts Apt. 314C	Sarasota, Fl. 34236

600037813526

06/09/04--01078--002 **61.25

05/05/03 91067 021 \$75.00

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:

Arthur F. Walker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-7-04 941-957-3840

Date

Daytime Phone #

CR2E081 (01/04)