

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
ANDREW S. M. LEON
Secretary of State
DIVISION OF CORPORATIONS

98-99 AR

FILED

23 JUN 30 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-07/03/99--01089--002
****297.50 ****297.50



REINSTATEMENT 98-99

DOCUMENT # N96000003554

1. Corporation Name

ISLAND PARK PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

611 WEST BAY STREET
TAMPA FL 33606

Mailing Address

611 WEST BAY STREET
TAMPA FL 33606

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

07/03/1996

5. FEI Number

59-3378648

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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
D P	ROSS, CRAIG T JEFFREY BARDIN	611 WEST BAY STREET 113 BOSPHORUS AVE, UNIT 3	TAMPA FL 33606 - 3575
D	CROSS, GLEN E	611 WEST BAY STREET	TAMPA FL 33606
STD	SHIMBERG, SCOTT M	611 WEST BAY STREET	TAMPA FL 33606
D T	MARK KNECHT	113 BOSPHORUS AVE, UNIT 6	TAMPA FL 33606-3575
D V	AUDREY HARRELL	113 BOSPHORUS AVE, UNIT 4	TAMPA FL 33606-3575

8. Name and Address of Current Registered Agent

ROSS, CRAIG T
611 WEST BAY STREET
TAMPA FL 33606

9. Name and Address of New Registered Agent

Name: JEFFREY C. BARDIN
Street Address (P.O. Box Number is Not Acceptable): 113 BOSPHORUS # 3
Suite, Apt. #, Etc.: TAMPA, FL
City: TAMPA, FL
State: FL
Zip Code: 33606

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Jeffrey C. Bardin

Date: 5-11-99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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:

Jeffrey C. Bardin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-11-99 813 639-1111

Date Daytime Phone #