

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY -9 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000005566

1. Corporation Name

Placida Way Condominium Association, INC.

2. Principal Office Address

4672 Pompano Street

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Placida Florida

City & State

Zip

33946

Country

USA

Zip

Country

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

10/28/1996

5. FEI Number

650749696

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

04-05

7. Name and Address of Current Registered Agent

Name

Joanne Smith

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

4672 Pompano Street

Suite, Apt. #, Etc.

City

Placida

State

FL

Zip Code

33946

188854688521
05/17/05--01057--002 **306.25

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

Joanne Smith

Date 05-02-05

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
D	Joanne Smith	4672 Pompano Street	Placida FL 33946
D	Carol Smith	2128 Del Webb Blvd West	Sun City Center fl 33573
D	James Smith	2128 Dell Webb Blvd West	Sun City Center FL 33573

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:

Joanne Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-02-05

Date

941-661-8056

Daytime Phone #

CR2E081 (01/05)