

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # **N97000001256**

1. Corporation Name

THE ENCLAVE AT ARBOR GREENE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

601 BAYSHORE BLVD
SUITE 650
TAMPA FL 33606

601 BAYSHORE BLVD
SUITE 650
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

03/05/1997

5. FEI Number

59-3545263

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
DIRECTOR/ Pres	Charles B. Funk	601 Bayshore Blvd. #650	Tampa, FL 33606
DIRECTOR/ VP/Treas	Jeffrey B. Meehan	601 Bayshore Blvd. #650	Tampa, FL 33606
DIRECTOR/ VP/Secy	John C. Blakley	601 Bayshore Blvd. #650	Tampa, FL 33606

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FUNK, CHARLES B
601 BAYSHORE BLVD
SUITE 650
TAMPA FL 33606

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Date 12/21/98

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES B. FUNK

12/21/98

Date

8/3-251-1221

Daytime Phone #

FILED

99 JAN 28 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

97-98-99

CR2E040 (9/98)