

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1992

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR 21 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 9700000 5996

1. Corporation Name
HIBISCUS COVE CONDOMINIUM ASSOCIATION,
Inc.

2. Principal Office Address
HIBISCUS COVE CT
Suite, Apt. #, etc.

3. Mailing Office Address
265 TAMIAHI TR
Suite, Apt. #, etc.

City & State
Punta Gorda FL
Zip
33955
Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 11-24-1997

5. FEI Number
65-0794001
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
Joan F. Greene
Street Address (P.O. Box Number is Not Acceptable)
265 TAMIAHI TR
Suite, Apt. #, Etc.
City
Punta Gorda

600004065526-2
-04/25/01-01007-023
****122.50 ****122.50

State
FL
Zip Code
33950

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 Joan F. Greene

Date 3-7-2001

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
TD	James Rosenblum	17825 HIBISCUS COVE CT	Punta Gorda FL 33955
PD	Rachel Martin	17820 HIBISCUS COVE CT	Punta Gorda FL 33955
SD	Markunne Gasner	17850 Hibiscus Cove CT	Punta Gorda FL 33955

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)

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HIBISCUS COVE CONDOMINIUM ASSOCIATION, INC.
HIBISCUS COVE COURT
PUNTA GORDA, FL 33950

March 7, 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern

Per telephone call of this date, I was advised to write and send a check for \$122.50. The Corporation was administratively dissolved due to lack of filing annual report form. Our current accountant requested, the form and we did not have it; so this information was obtained on the Internet. The report form and notices must have been sent to the Vasco Street address of José Geerts. He was deported by immigration in late 1999 by INS and we were unaware of these filing requirements. We ask that all penalties be removed. Thank you in advance for your help on this matter.

Sincerely,

Board of Directors

Treas.

3/8/01