

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000002471

1. Corporation Name

CASA BLANCA TOWNHOMES OF HILLSBOROUGH
HOMEOWNERS ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #

1013 W. HORATIO ST.

Suite, Apt. #, etc.

A

City & State

TAMPA, FLORIDA

Zip

33606

Country

USA

3. Mailing Office Address

1013 W. HORATIO ST.

Suite, Apt. #, etc.

C

City & State

TAMPA, FL

Zip

33606

Country

USA

7. Name and Address of Current Registered Agent

Name

CLIFFORD W. PALMER

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

1013 W. HORATIO ST.

Suite, Apt. #, Etc.

A

City

TAMPA

State

FL

Zip Code

33606

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

Clifford W. Palmer

REGISTERED AGENT MUST SIGN

Date 4-5-2009

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
P/D	KELLY HOLDER	1013 W. HORATIO ST., UNIT C	TAMPA, FL 33606
V/D	DAVID WOOD	1013 W. HORATIO ST., UNIT D	TAMPA, FL 33606
T/D	MATT ANGEROSA	1011 W. HORATIO ST., UNIT C	TAMPA, FL 33606
D	CLIFFORD PALMER	1013 W. HORATIO ST., UNIT A	TAMPA, FL 33606
D	ASTA MATULIS	1011 W. HORATIO ST., UNIT B	TAMPA, FL 33606

REINSTATEMENT 01-09

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 contained in Chapter 119, 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:

Kelly Holder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/09

Date

813-362-6339

Daytime Phone #

FILED

2009 APR 15 P 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000149667410
04/13/09--01028--006 **\$86.25

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

4-28-1998

5. FEI Number

593598344

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.