

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 SEP -9 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000004913

1. Corporation Name

California Mall Condominium Association, Inc.

403 Joan Ave.

403 Joan Ave

2. Principal Office Address

403 Joan Ave.

3. Mailing Office Address

403 Joan Ave

Suite, Apt. #, etc.

Suite D

Suite, Apt. #, etc.

Suite D

City & State

Lehigh Acres, Florida

City & State

Lehigh Acres, Florida

Zip

33971

Country

USA

Zip

33971

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 08/17/99

5. FEI Number

65-1126517

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-04

7. Name and Address of Current Registered Agent

Name

Julie Anne Hollingsworth

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

403 Joan Ave

Suite, Apt. #, Etc.

Suite D

City

Lehigh Acres

State

FL

Zip Code

33971

300040922993
09/09/04--01025--004 **420 00

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

Julie C. Hollingsworth
REGISTERED AGENT MUST SIGN

Date

8/31/04

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	J Nathan Stout	403 Joan Ave Ste. D.	Lehigh Acres, FL 33971
T	John McWilliams	1400 Homestead Rd. N.	Lehigh Acres, FL 33936
S	Julie Anne Hollingsworth	403 Joan Ave Ste. D.	Lehigh Acres, FL 33971
D	Britton Reynolds	801 W. Leeland Heights Blvd	Lehigh Acres, FL 33936

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

8/31/04

Date

239-369-5877

Daytime Phone #

CR2C01 (01/04)