

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 # **P93000087197**

1. Corporation Name

CORDOBA DEVELOPMENT COMPANY II

Principal Place of Business

Mailing Address

**3750 GUNN HWY.
SUITE 1-B
TAMPA FL 33624**

**3750 GUNN HWY.
SUITE 1-B
TAMPA FL 33624**

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DPST	PONTON, W. LANCE	3750 GUNN HWY., SUITE 1-B	TAMPA FL 33624

8. Name and Address of Current Registered Agent

**BENEDICT, BETSY L
%STANFORD R. SOLOMON, P.A.
101 E. KENNEDY BLVD., SUITE 1818
TAMPA FL 33629**

9. Name and Address of New Registered Agent

Name **C.W.V. INVESTMENTS**
 Street Address (P.O. Box Number is Not Acceptable) **11700 N. 58TH ST**
 Suite, Apt. #, Etc. **SUITE F**
 City **TAMPA** State **FL** Zip Code **33617**

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

Joe Castello, Pres.
 REGISTERED AGENT MULTISIGN *Joe Castello, President*

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:

W. Lance Ponton
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

93 FEB 19 11 8:59

SECRETARY OF STATE
TAMPA, FLORIDA



REINSTATEMENT

12/20/1993

5. FEI Number

65-0461027

Applied For

Not Applicable

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CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

9000002785699-7
 -02/24/99--01070--011
 ****900.00 ****900.00

Joe Castello, Pres.

CR20040 (9/98)

1-19-99