

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

FILED

2011 MAR 18 PM 3:43

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **754172**

1. Corporation Name  
**Coppola Villas Property Owner's Association, Inc.**

Principal Place of Business Mailing Address  
**141 Riverside Drive #10-B  
 Jupiter, FL 33469**

**REINSTATEMENT** *00 02-99*

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 **9-15-1980**  
 5. FEI Number  
 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)

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
P/D	Bruce A. Johnson	141 E. Riverside Drive #10B	Jupiter, FL 33469
V/D	Cathijo Eaton	141 E. Riverside Drive #10C	Jupiter, FL 33469
S/D	Connie Doran	141 E. Riverside Drive #11D	Jupiter, FL 33469
T/D	Chris Keays	141 E. Riverside Drive #9C	Jupiter, FL 33469
D	Teri Buchecker	141 E. Riverside Drive #11A	Jupiter, FL 33469

8. Name and Address of Current Registered Agent  
**Bruce A. Johnson  
 141 E. Riverside Drive #10-B  
 Jupiter, FL 33469**

9. Name and Address of New Registered Agent  
 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 *Bruce A. Johnson* Date **3/9/99**  
 REGISTERED AGENT MUST SIGN

11. This corporation owes 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 607.0101 or 617.0101, 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)(b), 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: *Bruce A. Johnson* 3/9/99 561-744-1135  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CORP-09-12-98