

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUL 17 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **N19844**

1. Corporation Name
Magdalena Terrace Condominium Association, Inc

000021370570
07/24/03--01058--012 **131.25

REINSTATEMENT 02-03

2. Principal Office Address
2732 Magdalena Dr.

3. Mailing Office Address
c/o 2421 Shreve Street

Suite, Apt. #, etc.
Unit E

Suite, Apt. #, etc.
Suite 115

City & State
Punta Gorda, FL

City & State
Punta Gorda, FL

Zip
33950

Country

Zip
33950

Country

4. Date Incorporated or Qualified To Do Business in Florida
3/26/87

5. FEI Number
93 0980954

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
Dorothy M. Bennett

Street Address (P.O. Box Number is Not Acceptable)
2421 Shreve Street

Suite, Apt. #, Etc.
Suite 115

City
Punta Gorda

State
FL

Zip Code
33950

000021370570
07/08/03--01070--003 **175.00

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
Dorothy M. Bennett
REGISTERED AGENT MUST SIGN

Date **6/30/03**

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
PDT	Michael Schupp	311 Sprucewood Road	Lake Mary, FL 32746
VB	Glenn Thompson	2732 Magdalena Drive Unit E	Punta Gorda, FL 33950
SD	Lisa Spinola	2732 Magdalena Drive Unit E	Punta Gorda, FL 33950

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: *Glenn Thompson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/03
Date

Daytime Phone #

CR2E081 (9/99)