

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 NOV -4 AM 8:01

DOCUMENT # 721282

1. Corporation Name

OCEAN PALM VILLA ASSOCIATION, INC.

Principal Place of Business

OCEAN PALM VILLAS NORTH
FLGLER BEACH FL 32136

Mailing Address

282 OCEAN PALM VILLAS N #D
FLGLER BEACH FL 32136



REINSTATEMENT

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

4. Date Incorporated or Qualified
To Do Business in Florida

06/30/1971

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1396711

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VPD	HUFFINES, BOBBY	3 OCEAN PALM VILLA N	FLGLER BEACH FL 32136
TD	BURGSTALLER, VIRGINIA	7 OCEAN PALM VILLAS NORTH	FLGLER BEACH FL 32136
D	NICELY, RONALD	28 OCEAN PALM VILLAS NORTH	FLGLER BEACH FL 32136
PD	OLBRY, JR., ZYGMUNT P	8 OCEAN PALM VILLAS NORTH	FLGLER BEACH FL 32136
SD	OLBRY, DIANE	8 OCEAN PALM VILLAS, NORTH	FLGLER BEACH FL 32136
D	James, Carol	41 Ocean Palm Villas, North	Flagler Beach FL 32136

8. Name and Address of Current Registered Agent

OLBRY, JR., ZYGMUNT P
228-110 OCEAN PALM DR.
FLGLER BEACH FL 32136

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

200008707832
11/04/02--01085--002 **236.25

City

State

Zip Code

FL

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/30/02

11. 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.

Virginia Burgstaller

Virginia Burgstaller, TD

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/02 (386) 439-2449

Date

Daytime Phone #

CR2E040 (8/02)