

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 AUG 12 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # 722073

1. Corporation Name

ARBOUR TOWNHOUSE CONDO ASSOC. SECTION II INC

2. Principal Office Address

262 NE 141 ST

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33161

Country

USA

3. Mailing Office Address

262 NE 141 ST

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33161

Country

USA

REINSTATEMENT 01-02

4. Date Incorporated or Qualified
To Do Business in Florida

11/11/71

5. FEI Number

59-1449528

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

MILDRED PHILLIPS

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

262 NE 141 ST

Suite, Apt. #, Etc.

City

Miami FL 33161

State

FL

Zip Code

33161

600007111886-7
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***297.50 ***297.50

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

Mildred Phillips

REGISTERED AGENT MUST SIGN

Date 07/30/02

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/D	WARRNETTE LEWIS	272 NE 141 ST	Miami FL 33161
T/D	MILDRED PHILLIPS	262 NE 141 ST	Miami FL 33161
S/D	GREGORY ADEBAWORIN	276 NE 141 ST	Miami FL 33161

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:

Warrnette Lewis President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/02

Date

(305) 892-8046

Daytime Phone #

CR2ED01 (9/01)

7/31/02