PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 29 PM 4:32

DOCUMENT # 725806

1. Corporation Name

JOE RON NORTH CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
2633 PIERCE STREET HOLLYWOOD FL 33020	2633 PIERCE STREET 202 HOLLYWOOD FL 33020

REINSTATEMENT 6 of

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: 03/13/1973

5. FEI Number: 59-1548965 ☐ Applied For ☐ Not Applicable

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
PD	JULIAO, VINCENT	2633 PIERCE STREET #202	HOLLYWOOD FL 33020
VPD	SZABO, MIKE	1501 ARTHUR STREET	HOLLYWOOD FL 33020
DTS	KOVATCHV, TANYA	2633 PIERCE STREET #208	HOLLYWOOD FL 33020
D	DELLAPIETRO, GERTRUDE	2633 PIERCE ST., #104	HOLLYWOOD FL
D	MEACHAM, DAVID	3215 VAN BUREN STREET	HOLLYWOOD FL 33021

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
JULIAO, VINCENT 2633 PIERCE ST 202 HOLLYWOOD FL 33020	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State: FL Zip Code

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****236.25 ****236.25

CR8E040 (8/01)

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.

Vincent Juliao

Signature of Registered Agent _____ Date 10/25/01

REGISTERED AGENT MUST SIGN

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.

Gertrude Della Pietro

SIGNATURE: Gertrude Della Pietro 10/25/01 954 925-1896

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #