

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # 728554

1. Corporation Name

SANDALFOOT BOULEVARD APARTMENTS,
BUILDING 501, ASSOCIATION, INC.

Principal Place of Business

Mailing Address

c/o SUNVEST MGMT
444 SO. STATE RD 7
MARGATE, FL. 33068

c/o SUNVEST MGMT
444 SO. ST. RD 7
MARGATE, FL. 33068

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

PHOENIX MGMT
Suite, Apt. #, etc.
541 SO. ST. RD 7
City & State
MARGATE, FL.
Zip
33068
Country
USA

PHOENIX MGMT
Suite, Apt. #, etc.
541 SO. ST. RD 7 #12
City & State
MARGATE, FL.
Zip
33068
Country
USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

59-1654135 / 59-1922720

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)	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.O.	DUNN, Joseph	9949 SANDALFOOT BLVD BOCA RATON, FL. # 576	BOCA RATON, FL. 33428
V.D.	ANDERSON, WILLIAM	9949 SANDALFOOT BLVD # 510	BOCA RATON, FL. 33428
S.D.	VIGGINI, FRANK	9949 SANDALFOOT BLVD # 573	BOCA RATON, FL. 33428
D.	DOSWICK, ALEXANDER	9949 SANDALFOOT BLVD # 572	BOCA RATON, FL. 33428
D.	MANDALA, DOMINIC	9949 SANDALFOOT BLVD #	BOCA RATON, FL. 33428
			900002502159-4 -04/28/98--01019--001 ****297.50 ****297.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SUNVEST MANAGEMENT SERVICE
444 SO. STATE RD 7 #4
MARGATE, FL. 33068

Name
PHOENIX MANAGEMENT SERVICES
Street Address (P.O. Box Number is Not Acceptable)
541 SO. ST. RD. 7
Suite, Apt. #, Etc.
#12
City
MARGATE
State
FL
Zip Code
33068

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

Joseph J. Dunn

REGISTERED AGENT MUST SIGN

Date 3/24/98

11. This corporation owes or has paid 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 607.0401 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:

Joseph J. Dunn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/98 954 977-3777
Date Daytime Phone #

CR2E040 (1/98)