

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR 17 PM 5:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 730165

1. Corporation Name

AUSCO Condominium Warehouse
Association, Inc

2. Principal Office Address

2020 KING AIR COURT

Suite, Apt. #, etc.

City & State

Port Orange - FL

Zip 32128

Country USA

3. Mailing Office Address

2020 KING AIR COURT

Suite, Apt. #, etc.

City & State

Port Orange, FL

Zip 32128

Country USA

REINSTATEMENT 03-05

4. Date Incorporated or Qualified To Do Business in Florida

6/27/74

5. FEI Number

59-1581043

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

Peter T. Auster

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

2020 KING AIR COURT

Suite, Apt. #, Etc.

City

Port Orange

State

FL

Zip Code

32128

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

Peter T. Auster

Date

REGISTERED AGENT MUST SIGN

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
PD	Ernesto Del Sol	7141 N.W. 74 St.	Miami, FL 33166
VPO	ADOLPHO MARTINEZ	7103 N.W. 74 St.	Miami FL 33166
STD	SUZIE MEANS	7171 N.W. 74 St.	Miami, FL 33166
S	DIXIE LARRABEE	7109 N.W. 74 St.	Miami FL 33166
D	Peter T Auster	7135 N.W. 74 St.	Miami, FL 33166

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:

Peter T. Auster Peter T. Auster

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

386-761-1882

Daytime Phone #