

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 # **751021**

1. Corporation Name

VECINO DEL MAR OWNERS' ASSOCIATION, INC.

97 OCT 27 PM 1:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

2350 N.E. 135 STREET
NORTH MIAMI FL **33181**

Mailing Address

2350 N.E. 135 STREET
NORTH MIAMI FL **33181**

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

02/13/1980

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

NOT APPLICABLE

Applied For

City & State

City & State

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PTD	GREENBERG, HAROLD	12550 BISCAYNE BLVD	MIAMI FL
SVD	JOSEPH, ALVIN	12550 BISCAYNE BLVD.	MIAMI FL
D	RYAN, MARILYN	12550 BISCAYNE BLVD.	MIAMI FL
PD	FREDERICK B. SPIEGEL	2350 N.E. 135 STREET	N. MIAMI FL 33181
D	JOHN GORDON	2350 N.E. 135 STREET	N. MIAMI FL 33181
D	IVON ROSE	2350 N.E. 135 STREET	N. MIAMI, FL 33181

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301
FREDERICK B. SPIEGEL
21 PALM AVE
MIAMI BEACH, FL 33139

9. Name and Address of New Registered Agent

Name **FREDERICK B. SPIEGEL**
Street Address (P.O. Box Number is Not Acceptable)
21 PALM AVE
Suite, Apt. #, Etc.
City **MIAMI BEACH,** State **FL** Zip Code **33139**

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

REGISTERED AGENT MUST SIGN

Date

10/24/97

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/24/97 305/945-8836

CP20040 (8/97)