

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2017 MAY 23 AM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 23 2017
L BERGER

DOCUMENT #751745

1. Corporation Name

89 Oceanfront Condominium Association, Inc.

2. Principal Office Address - No P.O. Box #

89 S. Atlantic Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

89 S. Atlantic Ave.

Suite, Apt. #, etc.

City & State

Ormond Beach, FL

City & State

Ormond Beach, FL

Zip

32176

Country

USA

Zip

32176

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/26/1000

5. FEI Number

59-2129737

☐ 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

Susan Balog

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

89 S. Atlantic Ave

Suite, Apt. #, Etc.

#604

City

Ormond Beach

State

FL

Zip Code

32176

200299598792
05/23/17--01033--002 **245.00

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

Susan K. Balog
REGISTERED AGENT MUST SIGN

Date 05/18/2017

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	Susan Balog	89 S. Atlantic Ave. #604	Ormond Beach, FL 32176
V/D	Joseph Ships	89 S. Atlantic Ave. #1503	Ormond Beach, FL 32176
V/D	Alex Siragusa	89 S. Atlantic Ave. #1401	Ormond Beach, FL 32176
T/D	Samuel Antonio	89 S. Atlantic Ave. #1206	Ormond Beach, FL 32176
S/D	Suzanne Oumedian	89 S. Atlantic Ave. #602	Ormond Beach, FL 32176
REINSTATEMENT 2017			

10. E-mail Address: 89oceanfront@gmail.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Susan K. Balog SUSAN K. BALOG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/17
Date

386-672-5353
Daytime Phone #