

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 # 765476

1. Corporation Name

ROTARY CLUB OF FORT LAUDERDALE NORTH, FLORIDA,
SCHOLARSHIP FUND, INC.

Principal Place of Business

Mailing Address

2600 N ANDREWS AVE
C/O THOMAS J BARNARD ATTN
WILTON MANORS FL 33311

2600 N ANDREWS AVE
C/O THOMAS J BARNARD ATTN
WILTON MANORS FL 33311

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

5009 NW 49th ROAD

Suite, Apt. #, etc.

TAMARAC

City & State

FLORIDA

Zip

33319

Country

BROWARD

3. New Mailing Office Address, If Applicable

5009 NW 49th ROAD

Suite, Apt. #, etc.

TAMARAC

City & State

FLORIDA

Zip

33319

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

10/20/1982

5. FEI Number

59-2328033

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
1	2	3	4
VD	BARNARD, THOMAS J.	2600 N ANDREWS AVE.	WILTON MANORS FL
PD	MOORE, SHANE	2601 E OAKLAND PARK BLVD #801 C/O 5009 NW 49th ROAD	FT LAUDERDALE FL TAMARAC, FL
STD	MEEHAN, JERRY	6301 BAY CLUB DR.	FT LAUDERDALE FL
PD	STEWART, CHARLES A	1750 SW 22ND AVE	MIAMI FL
D	RINGEL, WILLIAM R	105 LAKE EMERALD DR 3680 COG LAKE DR	OAKLAND PARK FL COG LAKE CREEK, FL
D	VELLA, VINCE	2611 E OAKLAND PARK BLVD	FT LAUDERDALE FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BARNARD, THOMAS J
2600 N ANDREW S AVE
WILTON MANORS FL 33311

Name

Street Address (P.O. Box Numbers Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 11-12-1998

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)(f), 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]
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



REINSTATEMENT

98

FILED

98 NOV 25 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E040 (9/98)

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10f3

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **NIU0089**

1. Corporation Name

Thw Deauville Hotel Condominium Association, Inc.

Principal Place of Business

Mailing Address

6701 Collins Avenue
Miami Beach, FL 33141

6701 Collins Avenue
Miami Beach, FL 33141

98 NOV 25 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000002701750--8
-12/03/98--01064--006
****245.00 ****236.25

REINSTATEMENT

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

09/08/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2725449

Applied For

Not Applicable

City & State

City & State

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
1	2	3	4
Pres/ Dir	Mark E. French	6701 Collins Avenue	Miami Beach, FL 33141
VP/Dir	Steven A. Margol	6701 Collins Avenue	Miami Beach, FL 33141
Dir	Carlos Bustabad	6701 Collins Avenue	Miami Beach, FL 33141
Sec/ Treas	Larry M. Mills	6701 Collins Avenue	Miami Beach, FL 33141

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

See Attached.

Date

REGISTERED AGENT MUST SIGN

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:

Mark E. French

Mark E. French

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/24/98

Date

(901) 761-4664

Daytime Phone #

CR2040 (1/98)

W/3

ACCEPTANCE OF APPOINTMENT

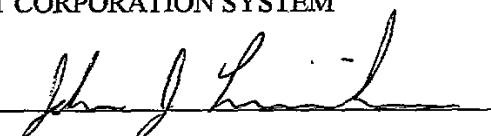
RE: **The Deauville Hotel Condominium Association, Inc.**

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: November 20, 1998

C T CORPORATION SYSTEM

By



John J. Linnihan
Assist. Vice President