

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

98-2000

DOCUMENT # N93000001327

1. Corporation Name

CASA GRANDE CONDOMINIUM  
ASSOCIATION, INC.

W-5049

2. Principal Office Address

834 OCEAN DRIVE

3. Mailing Office Address

834 OCEAN DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI BEACH FL

City & State

MIAMI BEACH FL

Zip

33139

Country

USA

Zip

33139

Country

REINSTATEMENT

98-00

4. Date Incorporated or Qualified  
To Do Business in Florida

3/23/93

5. FEI Number

65-0401599

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

JAMES LLOYD

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

4537 SHERIDAN AVE.

000003180690-4

-03/22/00-01110-001

Suite, Apt. #, Etc.

\*\*\*367.50 \*\*\*367.50

City

MIAMI BEACH

State  
FL

Zip Code

33140

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

REGISTERED AGENT MUST SIGN

Date

2/14/00

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	DANNY BOTTOR	834 OCEAN DRIVE	MIAMI BEACH FL 33139
VP/D	SAMMY ANIDJAR	834 OCEAN DRIVE	MIAMI BEACH FL 33139
SEC/D	FRANK SAVALLI	24 HIAWATHA DRIVE	BATTLE CREEK, MI 48015

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAMMY ANIDJAR

2/14/00

Date

(305)  
538 5583

Daytime Phone #

CR2E081 (9/99)