

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000004279**

1. Corporation Name

**THE INVERRARY RESORT HOTEL CONDOMINIUM
ASSOCIATION, INC**

2. Principal Office Address

3501 INVERRARY BLVD.

Suite, Apt. #, etc.

3. Mailing Office Address

3501 INVERRARY BLVD.

Suite, Apt. #, etc.

City & State

LAUDERHILL FLA

City & State

LAUDERHILL FLA

Zip

33319

Country

USA

Zip

33319

Country

USA

REINSTATEMENT

9900

4. Date Incorporated or Qualified
To Do Business in Florida

9/22/1993

5. FEI Number

65-0406094

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

EDWARD F. HOLODAK, PA

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

2502 HOLLYWOOD BLVD

Suite, Apt., Etc.

203

City

HOLLYWOOD

State

FL

Zip Code

33020

200003180832-0

-03/22/00-01110-022

******297.50 ****297.50**

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

Edward F. Holodak, Pa.
REGISTERED AGENT MUST SIGN

Date **X 2-24-00**

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
DP	MARIO ARZAMENDI	3501 INVERRARY BLVD.	LAUDERHILL, FL. 33319
DUP	PETER PAPPAS	3501 INVERRARY BLVD.	LAUDERHILL, FL. 33319
DST	ALFONSO TADEO	3501 INVERRARY BLVD.	LAUDERHILL, FL. 33319

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:

Alfonso Tadeo DST
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-09-2000

Date

4-85-05-00

Daytime Phone #

CR2E081 (9/99)