

APPROVED
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

98 MAR 30 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>N 96000006290</u>			
1. Corporation Name <u>OCEAN TERRACE HOMEOWNERS' ASSOCIATION, INC.</u>			
Principal Place of Business <u>1101 North Congress Ave.</u> <u>Suite 200</u> <u>Boynton Beach, FL 33426</u>		Mailing Address <u>(SAME)</u>	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, if Applicable <u>865 S.E. 21ST AVE</u> Suite, Apt. #, etc.		3. New Mailing Office Address, if Applicable <u>865 SE 21ST AVE</u> Suite, Apt. #, etc.	
City & State <u>DEERFIELD BEACH, FL</u>		City & State <u>DEERFIELD BEACH, FLA</u>	
Zip <u>33441</u>	Country <u>USA</u>	Zip <u>33441</u>	Country <u>USA</u>
4. Date Incorporated or Qualified To Do Business in Florida <u>DEC. 10, 1996</u>		5. FEI Number ☒ Applied For ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐		7. Add or delete as required	
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
D, P	DORA Angyropoulos	865 SE 21 ST AVE	DEERFIELD BEACH, FL 33441
D, VP	BRISKE Angyropoulos	865 SE 21 ST AVE	DEERFIELD BEACH, FL 33441
D, S	ANDRIA Wagner	865 SE 21 ST AVE	DEERFIELD BEACH, FL 33441
200002472772--7			
REINSTATEMENT 97-98			
8. Name and Address of Current Registered Agent <u>THOMAS F. CARNEY, JR</u> <u>1101 N. Congress Ave., #200</u> <u>Boynton Beach, FL 33426</u>		9. Name and Address of New Registered Agent Name <u>DORA Angyropoulos</u> Street Address (P.O. Box Number is Not Acceptable) <u>865 SE 21ST AVE</u> Suite, Apt. #, Etc. City <u>DEERFIELD BEACH</u> State <u>FL</u> Zip Code <u>33441</u>	
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 <u>[Signature]</u> Date <u>3/25/98</u> REGISTERED AGENT MUST SIGN			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 taxes 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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>3/25/98</u> (54) 427-2513 Daytime Phone #	

CIRE040 (12/96)

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ACCOUNT NO. : 072100000032

REFERENCE : 725575 100198A

AUTHORIZATION :

COST LIMIT : \$ 297.50

Patricia Pizant

ORDER DATE : March 2, 1998

ORDER TIME : 2:53 PM

ORDER NO. : 725575-010

CUSTOMER NO: 100198A

CUSTOMER: Mitchell Fogel, Esq
Mitchell C. Fogel, P.a.
Suite 105
2499 Glades Road
Boca Raton, FL 33431

DOMESTIC FILINGS

NAME: OCEAN TERRACE HOMEOWNERS'
ASSOCIATION, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Christopher Smith
EXAMINER'S INITIALS

A. Alan
3/30/98

RECEIVED
98 MAR 30 PM 4:15
DIVISION OF CORPORATION