PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
97 JAN 24 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03247

1. Corporation Name

YACHT HARBOUR VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business | Mailing Address

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

REINSTATEMENT 8-7-97
DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
3200 N. OCEAN DR.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOLLYWOOD, FLORIDA	City & State
Zip: 33019 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: MAY 23, 1984

5. FEI Number: 59-2779512 ☐ 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)

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-01/28/97--01142--009
****848.75 ****848.75

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City/State/Zip 4
P/D	SAM VALLETTI	3200 N. OCEAN DR. #403 HOLLYWOOD, FL 33019	
D	ROBERT MEYERS	3200 N. OCEAN DR. #504 HOLLYWOOD, FL 33019	
S/T/D	AL BEAUREGARD	3200 N. OCEAN DR. #104 HOLLYWOOD, FL 33019	
D	KRIS DAMVELD	3200 N. OCEAN DR. #103 HOLLYWOOD, FL 33019	
D	PIERRE COUTURE	3200 N. OCEAN DR. #302 HOLLYWOOD, FL 33019	1/24/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: EDMOND L. SUGAR, ESQ.
Street Address (P.O. Box Number is Not Acceptable): 950 SOUTH FEDERAL HIGHWAY
Suite, Apt. #, Etc.:
City: HOLLYWOOD, State: FL Zip Code: 33020

CR2E040 (12/95)

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: _____ Date: JAN 21, 97
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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: _____ 21 JAN 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #