

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 OCT 31 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 751997

1. Corporation Name

MARINER'S BAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

12000 N BAYSHORE DR
N MIAMI FL 33181

Mailing Address

12000 N BAYSHORE DR
N MIAMI FL 33181

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

04/14/1980

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

5. FEI Number 59-2141191

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
VP	BLUMBERG, LES	12000 N. BAYSHORE DRIVE	NORTH MIAMI FL
P	BURNS, LAVERNE (DR)	1200 N. BAYSHORE DRIVE	NORTH MIAMI FL
T	FAIRMONT, LES	12000 N. BAYSHORE DRIVE	NORTH MIAMI FL
D	POLSKY, CAROLYN	12000 N BAYSHORE DRIVE	MIAMI FL
D	BRODIE, MIKE	12000 N BAYSHORE DR	N MIAMI FL
D	FITZNER, MAURICE	12000 N BAYSHORE DR	N MIAMI FL

8. Name and Address of Current Registered Agent

BRUNT, BRUCE A
3801 HOLLYWOOD BLVD.
SUITE 300
HOLLYWOOD FL 33021

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is 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

REGISTERED AGENT MUST SIGN

Date 10/28/97

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.

LES FAIRMONT, TREAS.

SIGNATURE: X *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/28/97 Daytime Phone # 305-895-1582