

APPLICATION
FOR
REINSTATEMENT



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

5665

FILED

98 MAR -5 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

N22197

1 Corporation Name

DOCKSIDE AT VENTURA
CONDOMINIUM ASSOCIATION INC.

Principal Place of Business

Mailing Address

2580 Woodgate Boulevard
ORLANDO, FLORIDA
32822

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 Address, if Applicable

Suite, Apt., etc.

Suite, Apt., etc.

City & State

City & State

Zip

Country

Zip

Country

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
PRES.	Wendy Kool	5675 MURRAY Street	PIERREFONDS, Quebec, CAN. HBZ 126
TREASURER	DAN Sanchez	401 2nd Avenue S. #110	Seattle, Washington 98104
Sec	Noel Peterson	7800 Ridgecrest	Alexandria, Virginia 22308
Officer	Robert Trottier	81 TADOUSSAC,	ALYMER, Quebec Canada J9J 2M9
D	ALBERT HEYLBROECK	5745 AUTEUIL	BROSSARD, Quebec Canada J4H 1M6
D	Thomas MEE	11350 McCORMICK ROAD 3200	Hunt Valley MD 21031
D	JOHN A. SCUNGIO	995 ADMIRAL Street	02940
		PO Box 6106	PROVIDENCE, Rhode Island

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

175.00 reinstate 61.25 1997 61.25 1998 #8.75 #6 #306.25	Name Cameo Professionals Inc Street Address (P.O. Box Number is Not Acceptable) 2580 Woodgate Boul Suite, Apt., Etc. City Orlando State FL Zip Code 32822
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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

Michelle Carter
REGISTERED AGENT MUST SIGN

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400002452024--5

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

03/10/98--01036--021

(See other side for information)
****306.25****

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:

Mrs Wendy Kool

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 24, 1998 (514) 488-9191

Daytime Phone