

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # 722089

199000015828

1. Corporation Name

Van Durean Gardens Condominium Association, INC.

Principal Place of Business

Mailing Address

2127 Van Durean Gardens
Van Durean Street
Hollywood FLA 33020

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

6. CERTIFICATE OF STATUS DESIRED

6/29/99

SP

Applied For

Not Applicable

\$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
President	John C. Braussard Jr.	3609 S.W. 21st	Fort Lauderdale, FLA 33312
Vice President	Gunther RABITICH	5555 N. Ocean Blvd. #43	Fort Lauderdale FLA.
Secretary	Adrian Punzino	2019 Palk St.	Hollywood FLA.
onsite manager	Ron KANCFESKY	2127 Van Durean Gd. Apt. 201	Hollywood FLA. 33020
			600002989446--0 -09/17/99--01004--003 ***1890.00 ***1890.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

John C. Braussard Jr.
3609 S.W. 21st.
F.L. FLA. 33312

Name John C. Braussard
Street Address (P.O. Box Number is Not Acceptable)
3609 S.W. 21st.
Suite, Apt. #, Etc.
City F.L.

State FL

33312

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

John Braussard
REGISTERED AGENT MUST SIGN

Date

7-1-99

11. This corporation owes 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-1-99

Date

954-797-9383

Daytime Phone #

CR2001 (12/98)