

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS

DOCUMENT # **N98000004476**

1. Corporation Name

2900 ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**100 S.E. 29th ST
 FT. LAUDERDALE, FL 33316.**

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

8-4-98.

5. FEI Number

☒ 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)

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
PRES	WALTER T. JAKOBOWSKI	100 SE 29th ST.	FT. LAUDERDALE FL 33316
VICE PRES	KRISTIN S. GRAHAM	150 SE 29th ST.	" " "
SEC TRES	JEFF HAWTHORNE	180 SE 29th ST	" " "
D	DONALD DORINI	110 SE 29th ST	100003070051--1 11-12/14/99-01095-014 *****61.25 *****61.25
D	JIM HAMILTON	140 SE 29th ST	" " "
D	BOB ZIELKE	130 SE 29th ST.	" " "

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SP

Name **WALTER T. JAKOBOWSKI**

Street Address (P.O. Box Number is Not Acceptable)
100 SE. 29th ST.

Suite, Apt. #, Etc.

City **FT. LAUDERDALE**

State **FL**

Zip Code **33316**

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

Walter T. Jakobowski

REGISTERED AGENT MUST SIGN

Date **11-2-99.**

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:

Walter T. Jakobowski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WALTER T. JAKOBOWSKI

11-2-99

Date

954.523.5459

Daytime Phone #

CR25001 (12/98)

2

2900 Association, Inc.
100 SE 29th Street
Ft. Lauderdale, FL 33318

Ms. Stacy Prather
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

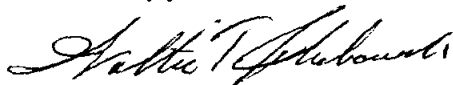
December 7, 1999

Dear Ms Prather

Per your letter dated November 9, 1999 the following correction have been to our corporation reinstatement form. I have included the directors names in block 7, and the contents of my note that had been written in the upper right had corner are now included in this letter.

We appreciate your help in completing this process.

Sincerely yours

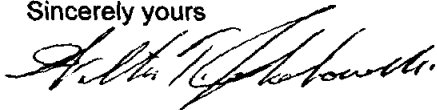


Walter T. Jakobowski
President

Original contents of note from the upper right corner of the reinstatement form:

I am the association President. The original corporation papers were filed by our previous attorney. We never received a renewal statement from the Division of Corporation. When I checked with the State, the State had the wrong address for our corporation. That is the reason for our late filing, and request for reinstatement.

Sincerely yours



Walter T. Jakobowski
President.