

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 OCT 16 AM 9:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 715942

1. Corporation Name

VENETIAN CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

ONE LAS OLAS CIRCLE  
FORT LAUDERDALE FLORIDA 33316

ONE LAS OLAS CIRCLE  
FORT LAUDERDALE FLORIDA 33316  
US



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

01/24/1969

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1303036

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
<del>D</del> D	<del>BROCHU, TOM</del> ROBIN SEGAVL	ONE LAS OLAS CIRCLE	FT. LAUDERDALE FL 33316
<del>VP</del> VP	BRINK, ORVILLE	ONE LAS OLAS CIRCLE	FT. LAUDERDALE FL 33316
<del>D</del> S	<del>TALIK, JIM</del> JACQUILINE ADAMS	ONE LAS OLAS CIR.	FT. LAUDERDALE FL 33316
T	RIPKA, MICHAEL	ONE LAS OLAS CIRCLE	FT. LAUDERDALE FL 33316
D	EPSTEIN, MURRAY	ONE LAS OLAS CIRCLE	FT. LAUDERDALE FL 33316
P	<del>SMITH, RANDOLPH</del> R F CERNICK	ONE LAS OLAS CIRCLE	FT. LAUDERDALE FL 33316

8. Name and Address of Current Registered Agent

ALFONSO, SUSANA  
1 LAS OLUS CIR  
FT. LAUDERDALE FL 33316

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
900003458009-3  
Suite, Apt. #, Etc.  
-11/09/00-01016-008  
\*\*\*236.25 \*\*\*236.25  
City  
State  
FL Zip Code

CR2E040 (8/00)

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 10-13-00

REGISTERED AGENT MUST SIGN

11. 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:

Jacqueline R. Adams  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-13-00

Daytime Phone #

954-  
463-0071