


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **N41400**

1. Corporation Name

POST OFFICE ARCADE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

401 EAST OCEAN BLVD
STUART FL 34994
US

Mailing Address

401 EAST OCEAN BLVD
STUART FL 34994
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/24/1990

5. FEI Number

65-0221350

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	VITALE, OTTO Davis, James, R	401 EAST OCEAN BLVD 5290 Hiatus Rd.	STUART FL 34994 Sunrise FL 33351
VPD	VITALE, STEVEN Davis, Joanne	401 EAST OCEAN BLVD 5290 Hiatus Rd.	STUART FL 34994 Sunrise, FL 33351
TD	VITALE, ASHLEY AKia, Joseph P	401 EAST OCEAN BLVD 5290 Hiatus Rd.	STUART FL 34994 Sunrise FL 33351
SD	VITALE, STEVEN Davis, Joanne	401 EAST OCEAN BLVD 5290 Hiatus Rd.	STUART FL 34994 Sunrise FL 33351
			500004890245-3 -11/21/01--01018--005 ****175.00 ****175.00

8. Name and Address of Current Registered Agent

VITALE, STEVEN G
401 EAST OCEAN BLVD
STUART FL 34994

9. Name and Address of New Registered Agent

Name James R. Davis
Street Address (P.O. Box Number is Not Acceptable)
5290 Hiatus Rd.
Suite, Apt. #, Etc.
City Sunrise State FL Zip Code 33351

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

James R. Davis
REGISTERED AGENT MUST SIGN

Date

10/22/01

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:

James R. Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/22/01

954-572-
2821

FILED

01 OCT 29 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/03/01 909491011 \$01.25


REINSTATEMENT

2001

CR2040 (8/01)