

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

**APPLICATION  
FOR  
REINSTATEMENT**



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

FILED

DOCUMENT # N00000000341

1. Corporation Name

**SALTPONDS CONDOMINIUM ASSOCIATION, INC.**

01 NOV -5 PM 1:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

3950 SOUTH ROOSEVELT BOULEVARD  
KEY WEST FL 33040

Mailing Address

3950 SOUTH ROOSEVELT BOULEVARD  
KEY WEST FL 33040



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

2. New Principal Office Address, If Applicable

3635 Seaside Drive

Suite, Apt. #, etc.

Unit 103

City & State  
Key West, FL

Zip  
33040

Country  
USA

3. New Mailing Office Address, If Applicable

3635 Seaside Drive

Suite, Apt. #, etc.

Unit 103

City & State  
Key West, FL

Zip  
33040

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

01/19/2000

5. FEI Number

65-1003806

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
<del>PD</del>	<del>MULHALL, TOM</del>	<del>3950 SOUTH ROOSEVELT BOULEVARD</del>	<del>KEY WEST FL 33040</del>
<del>VD</del>	<del>JOHNSON, STEVE</del>	<del>3950 SOUTH ROOSEVELT BOULEVARD</del>	<del>KEY WEST FL 33040</del>
<del>STD</del>	<del>WILLIAMS, JERIAN</del>	<del>3950 SOUTH ROOSEVELT BOULEVARD</del>	<del>KEY WEST FL 33040</del>
P/D	Johnson, Steven	3635 Seaside Dr. Unit 103	Key West, FL 33040
S/T/D	Williams, Jerian	3635 Seaside Dr. Unit 103	Key West, FL 33040
M/D	Weinhofer, Joanna L.	3635 Seaside Dr. Unit 103	Key West, FL 33040

8. Name and Address of Current Registered Agent

~~DRAKE, JENNIFER B~~  
~~3111 STIRLING ROAD~~  
~~FORT LAUDERDALE FL 33312~~

9. Name and Address of New Registered Agent

Name  
Leigh Katzman  
Street Address (P.O. Box Number is Not Acceptable)  
5581 West Oakland Park Blvd.  
Suite, Apt. #, Etc.  
2nd Floor  
City  
Lauderhill  
State  
FL  
Zip Code  
33313

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

*[Signature]*

REGISTERED AGENT MUST SIGN

600004697928-0

-11/29/01--01034--010

Date \*\*\*\*\*/\*\*\*\*/\*\*\*\*\*61.25

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven Johnson 10/25/2001 305-292-0222

Date

Daytime Phone #

CR2E040 (8/01)

**SaltPonds Condominium Association**

**3635 Seaside Drive, Unit #103**

**Key West, FL 33040**

**Phone # 305-292-0222**

**Fax # 305-292-0432**

292

**October 26, 2001**

**Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**

**RE: Application for Reinstatement**

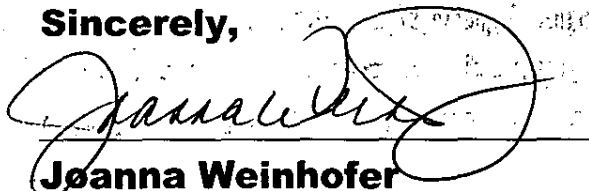
**To Whom It May Concern,**

**We have just received our first notification of fees due for renewal after the corporation was dissolved. Unfortunately, when this was originally filed, the address may have been anticipated to be what is listed by the developer. This address of 3950 South Roosevelt does not exist. As a result we missed your original notification.**

**I am enclosing the application for reinstatement with all of our corrected information. I am also requesting that you waive the penalties and accept the payment of \$61.25 for renewal since we never received the initial mailings.**

**Thank you for your consideration in this matter.**

**Sincerely,**



**Joanna Weinhofer  
Manager**



**Steven Johnson  
President**