

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02000001565

1. Corporation Name

**COURTYARDS AT NAUTICA CONDOMINIUM ASSOCIATION, I
NC.**

Principal Place of Business

Mailing Address

~~8550 NW 33RD STREET SUITE 100
MIAMI FL 33122~~

~~8550 NW 33RD STREET SUITE 100
MIAMI FL 33122~~

~~4501 SW 160 Ave
Miramar, FL 33027~~

~~2950 N. 28th Terr
Hollywood, FL 33020~~

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

2. New Principal Office Address, If Applicable
4501 SW 160 Ave

3. New Mailing Office Address, If Applicable
2950 N. 28 Terr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

~~Miramar, FL~~

~~Hollywood, FL~~

Zip **33027**

Country **Broward**

Zip **33020**

Country **Broward**

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
DP P	GARCIA SIREG, MELISSA Joseph Chavez	8550 NW 33RD STREET SUITE 100 4331 SW 160 Ave # 210	MIAMI FL 33122 Miramar, FL 33027
DS S	ALLEGUE, MARIA LOURDES Stephanie Macrea	8550 NW 33RD STREET SUITE 100 4361 SW 160 Ave # 105	MIAMI FL 33122 Miramar, FL 33027
DT T	MARTIN, TANIA Richard Marple	8550 NW 33RD STREET SUITE 100 4331 SW 160 Ave # 108	MIAMI FL 33122 Miramar, FL 33027
D	Jerry Perrien	4405 SW 160 Ave # 107	Miramar, FL 33027
D	Jose Fernandez	4301 SW 160 Ave # 207	Miramar, FL 33027
500029746115 03/03/04--01013--019 **175.00			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE SE 3RD AVENUE 28TH FLOOR
MIAMI FL 33131

Bakalar, Brough & Chadrow, P.A.
Westside Corporate Center
150 South Pine Island Road, Suite 540
Plantation, Fla. 33324-2669

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

12/30/2003

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]

Joseph Chavez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/03

Date

305 610.9000

Daytime Phone #

FILED

04 FEB 27 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT



03/20/03 90139 042 6128

03/04/2002

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CP2E040 (7/03)