

2010 Not-For-Profit Organization Annual Report

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

10 APR 29 AM 11:10

S.C. CLAY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # 713293

1. Corporation Name
Point East Four Condominium Corp. Inc.

**400178576954
04/29/10--01007--016 **70.00**

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box # 2895 Point East Drive		3. Mailing Office Address Same	
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A	
City & State Aventura, FL		City & State	
Zip 33160	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 9/19/06	
5. FEI Number 59-1279380	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
Melvin Taks

Street Address (P.O. Box Number is Not Acceptable)
3030 Marcos Dr.

Suite, Apt. #, Etc.
T-503

City
Aventura

State
FL

Zip Code
33160

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Date **4/22/2010**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Mel Taks	3030 Marcos Dr. T-503	Aventura, FL 33160
VP	Sally-Ann Findlay	3020 Marcos Dr. S-411	Aventura, FL 33160
T	Anthony Zate	3030 Marcos Dr. T-506	Aventura, FL 33160
S	Sally-Ann Findlay	3020 Marcos Dr. S-411	Aventura, FL 33160
D	Lorenzo Marchese	3020 Marcos Dr. S-511	Aventura, FL 33160
D	Ruth Garrett	3020 Marcos Dr. S-307	Aventura, FL 33160

10. E-mail Address: _____

(To be used for future annual report notification)

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. I further certify 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mel Taks

4/22/2010

Date

305-931-3960

Daytime Phone #