

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 716005

1. Corporation Name

The Monterey Condominium Association, Inc.

2. Principal Office Address - No P.O. Box #

9240 West Bay Harbor Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

9240 West Bay Harbor Dr.

Suite, Apt. #, etc.

City & State

Bay Harbor Island, FL

City & State

Bay Harbor Island, FL

Zip

33154

Country

USA

Zip

33154

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/6/69

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Michael R. Bass, Esquire

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

600 South Andrews Avenue

Suite, Apt. #, Etc.

6th Floor

City

Fort Lauderdale

State

FL

Zip Code

33301

100211816061
09/15/11--01035--003 **61.25

100211816061
09/06/11--01044--001 **2607.50

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

REGISTERED AGENT MUST SIGN

Date **8-31-11**

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
PD	Kroop, Ceil	9240 West Bay Harbor Dr., Apt. 6A	Bay Harbor Island, FL 33154
VP/S/D	Singer, Betsy	9240 West Bay Harbor Dr., Apt. 3C	Bay Harbor Island, FL 33154
T/D	Fiss, Reine	9240 West Bay Harbor Dr., Apt. 2C	Bay Harbor Island, FL 33154

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10. E-mail Address: **pinup9@aol.com**

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Ceil Kroop

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/2011

Date

305-664-5479

Daytime Phone #