PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED
01 JUN 13 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # 716285

1. Corporation Name THE VILLAGE BY THE SEA CONDOMINIUM APARTMENTS INC

W01000010842

2. Principal Office Address	3. Mailing Office Address
1967 S. OCEAN BLVD	1967 S. OCEAN BLVD
Suite, Apt. #, etc. OFFICE C+D	Suite, Apt. #, etc. OFFICE C+D
City & State POMPANO BEACH FL	City & State POMPANO BEACH FL
Zip 33062 Country USA	Zip 33062 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 4/01/69

5. FEI Number 591145419 ☐ 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

500004481305--8
-07/17/01--01089--001
****420.00 ****420.00

Name: DOROTHY DEDERICK

Street Address (P.O. Box Number is Not Acceptable): 1967 S. OCEAN BLVD office 954 788 0066

Suite, Apt. #, Etc.: 321 D

City: POMPANO BEACH | State: FL | Zip Code: 33062

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: Dorothy Dederick (REGISTERED AGENT MUST SIGN) Date: 4/27/01

CR2E081 (9/00)

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
D Pres	DOROTHY DEDERICK 321D	1967 S. OCEAN BLVD POMPANO	POMPANO BEACH FL 33062
D Sec	AMY WOLF	1967 S. Ocean Blvd 422D	POMPANO BEA. FL 33062
D Treas.	ZOLTON SIMON	1967 S. OCEAN Blvd 213C	POMPANO BEA. FL 33062
	[illegible]	1967 S. Ocean Blvd 113C	Pompano Beach FL 33062
	SANDRA [illegible]	19678 OCEAN Blvd 422D	POMPANO BEA. FL 33062

REINSTATEMENT 99-01

10. 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.

MW

SIGNATURE: Dorothy Dederick DOROTHY DEDERICK Pres 4/27/01 954-946-5468
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #