

REINSTATEMENT

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUL 17 AM 9:57

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 719630

1. Corporation Name

Christopher House Condominium, Apts.

000157364570
06/17/09--01061--001 **125.00

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

401 Briny Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

401 Briny Avenue

Suite, Apt. #, etc.

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

11/04/1970

5. FEI Number
591418284

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

Ray Smith, President

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

Suite, Apt. #, Etc.

City

Pompano Beach,

State

FL

Zip Code

33062

☒ 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

REGISTERED AGENT MUST SIGN

Date June 8, 2009

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
Pres	Ray Smith	401 Briny Avenue #705	Pompano Beach, FL 33062
VP	Charlie Battaglia	401 Briny Avenue #504	Pompano Beach, FL 33062
Treas	Sami Roubil	401 Briny Avenue #616	Pompano Beach, FL 33062
Sec	Larry Fantozzi	401 Briny Avenue #313	Pompano Beach, FL 33062
Member	Louie Freedman	401 Briny Avenue #310	Pompano Beach, FL 33062

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 contained in Chapter 119, 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:

Ray Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-9/09 954-946-6637