

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN 26 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 721892

1. Corporation Name

II Delwood West Condominium Association, Inc.

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

6191 SW 37 Street

Suite, Apt. #, etc.

City & State

Davie, FL

Zip

33314

Country

USA

3. Mailing Office Address

6191 SW 37 Street

Suite, Apt. #, etc.

204

City & State

Davie, FL

Zip

33314

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/18/1971

5. FEI Number

591891989

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

William Napolitano

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

6191 SW 37 Street

Suite, Apt. #, Etc.

204

City

Davie

State

FL

Zip Code

33314

☒ 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

William Napolitano

Date

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
Pres	William Napolitano	6191 SW 37 St #204	Davie, FL 33314
VP	Frank Tamborino	6191 SW 37 St #209	Davie, FL 33314
Treas	Rebekka Garvey	6191 SW 37 St #207	Davie, FL 33314
Secy	Isabel Dydynski	6191 SW 37 St #205	Davie, FL 33314

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:

Rebekka Garvey / Rebekka Garvey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/23/07

Daytime Phone #

(954) 321-9404

JC 1/29