

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 723400 1. Entity Name FRENCH QUARTER CONDOMINIUM PHASE 111, INC.						FILED 06 MAR -1 PM 2:06 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business PHASE III INC 408 N.W. 70TH AVENUE PLANTATION, FL 33317				Mailing Address PHASE III INC 408 N.W. 70TH AVENUE PLANTATION, FL 33317			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 4780 N. STATE RD. 7 E 250		 REINSTATEMENT 05-06 01272006 REIN-NP CR2E099-11/05			
City & State LAUDERDALE LAKE, FL		City & State LAUDERDALE LAKE, FL		4. FEI Number 59-1464056		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 33319		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Wop	
6. Name and Address of Current Registered Agent PHOENIX MANAGEMENT SERVICES, INC. 4780 N. STATE ROAD 7, #E250 LAUDERDALE LAKES, FL 33329				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD KOI, EVELYN 292 NW 69TH AVENUE, #168 PLANTATION, FL 33317 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500067882645 03/15/06--01009--005 **122.50		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD COLOSIMO, DOMINIC 320 NW 69TH AVE., #249 PLANTATION, FL 33317 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ALAN BECKMAN 326 NW 69TH AVENUE, #143 PLANTATION, FL 33317 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PAPPAS, JOHN 312 NW 69TH AVE 152 PLANTATION, FL 33317 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PALAIO, JANC 308 NW 69TH AVENUE, #163 PLANTATION, FL 33317 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other lines empowered.							
SIGNATURE: ALAN Beckman Pres. 1/31/06 954-428-667 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							