

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 724962**

1. Corporation Name

**FAIRCREST 14 SOCIAL ASSOCIATION, INC.**

Principal Place of Business

6990 N W 71ST ST  
TAMARAC FL 33321

Mailing Address

6990 N W 71ST ST  
TAMARAC FL 33321

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business In Florida

12/07/1972

5. FEI Number

23-7248305

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	CAVOLINA, FRANK	6701 NW 71ST CT.	TAMARAC FL
VP	JANARO, GERRY	6704 NW 70TH ST	TAMARAC FL
SD	PRINCIPE, ANGELA	7102 NW 72 ST	TAMARAC FL
D	PRINCIPE, REGINA	7200 NW 71ST AVE.	TAMARAC FL
T	FELDMAN, IRVING	7104 NW 73RD ST.	TAMARAC FL
VD	DANSKY, EVELYN	7104 N.W. 73RD ST	TAMARAC FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CAVOLINA, FRANK  
6701 NW 71ST CT.  
TAMARAC FL 33321

Name

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

Suite, Apt. #, Etc.

City

100002373951--8

-12/16/97--01104--024

\*\*\*\*245.00 State \*\*\*\*245.00 Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*James Counseling*

REGISTERED AGENT MUST SIGN

Date

12/1/97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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.

SIGNATURE:

*James Counseling*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/1/97

Date

Daytime Phone #

CR2040 (8/97)