

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **727546**

1. Corporation Name

326 OCEAN DRIVE CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

326 OCEAN DRIVE
SUITE 1
MIAMI BEACH FL 33139

326 OCEAN DRIVE
SUITE 1
MIAMI BEACH FL 33139

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

764 GRANDVIEW RD.
FORT ERIE, ONTARIO
L2A 4V7 CANADA

4. Date Incorporated or Qualified
To Do Business in Florida

09/25/1973

5. FEI Number **65-007066**
APPLIED FOR

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	4 City/State/Zip
DS	KRAFT, ROBERT	326 OCEAN DR. # 1	MIAMI BEACH FL
DP DVP	CARR, HELEN	1599 IFIELD RD	MISSISSAUGA, ON.
DP DS	WARSAWSKI, DANUTA	31 HALIBURTON AVE	ETOBICOKE, ON. M9B
DS	ROZYCKI, MARIAN	3 TOWERING HTS BLV APT 807	ST CATHARINS, ON. L2T
DP	ENGELS, GARY	764 GRANDVIEW RD	FORT ERIE, ONTARIO CAN. L2A 4V7

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KRAFT ROBERT
326 OCEAN DR.
1
MIAMI BEACH FL 33139

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Robert Raven Kraft Robert Raven Kraft
REGISTERED AGENT MUST SIGN

Date **01-02-04**

11. 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:

GARY ENGELS GARY ENGELS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
04 FEB -3 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03/28/03 90062 007 7800

REINSTATEMENT **03-04**

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01/15/04--01020--010 **75.00

CR2E040 (7/03)