

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 25 PM 1:43

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 728118

1. Corporation Name

La Playa East Association, Inc.

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

1343 Highway A1A

Suite, Apt. #, etc.

City & State

Satellite Beach, FL

Zip

32937

Country

USA

3. Mailing Office Address

1343 Highway A1A

Suite, Apt. #, etc.

City & State

Satellite Beach, FL

Zip

32937

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/26/1973

5. FEI Number

591738222

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for Certificate of Status

7. Name and Address of Current Registered Agent

Name

Robert Simmons

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

1343 Highway A1A

Suite, Apt. #, Etc

4C

City

Satellite Beach,

State

FL

Zip Code

32937

☒ 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

Robert Simmons

REGISTERED AGENT MUST SIGN

Date

2/23/10

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
P	Fritz, Robert	1343 Hwy. A1A 2C	Satellite Beach, FL 32937
V	Marszalek, Joe	1343 Highway A1A 6B	Satellite Beach, FL 32937
2nd V	Timko, Bruce	1343 Highway A1A 3A	Satellite Beach, FL 32937
T	Simmons, Robert	1343 Highway A1A 4A	Satellite Beach, FL 32937
S	Craig, Robert	1343 Highway A1A 1A	Satellite Beach, FL 32937

10. E-mail Address: **rfritz2@cfl.ir.com**

(To be used for future annual report notification)

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. I further certify 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

Robert Craig

Robert Craig, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. MILLIGAN,
EXAMINER

02/23/2010 321 777 8165

Daytime Phone #

MAR 25 2010