

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 31 PM 2: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900173912949
03/31/10--01033--008 **315.00

DOCUMENT # 728989

1. Corporation Name

Ocean Sounds Condominium Association, inc.

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

1770 S. Ocean Blvd.

Suite, Apt. #, etc.

attention: Jack Douglas

City & State

Pompano Beach, FL

Zip

33062

Country

usa

3. Mailing Office Address

1770 S. Ocean Blvd.

Suite, Apt. #, etc.

attention: Jack Douglas

City & State

Pompano Beach, FL

Zip

33062

Country

usa

REINSTATEMENT 06-10
CR2E061 (4-100)

4. Date Incorporated or Qualified
To Do Business in Florida

03/05/1974

5. FEI Number

591546716

☐ 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

Becker & Poliakoff (Lee Burg, attorney)

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

3111 Stirling Road - Emerald Lake Corporate Park

Suite, Apt. #, Etc

City

Fort Lauderdale

State

FL

Zip Code

33312-6525

☒ 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

Kenneth S. Dirabov

REGISTERED AGENT MUST SIGN

Date

3-29-10

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/D	Charlene Barban	1770 S. Ocean Blvd. #204	Pompano Beach, FL
V/D	Fran Stein	1770 S. Ocean Blvd. #601	Pompano Beach, FL
S/D	Lauren Eastwood	1770 S. Ocean Blvd. #608	Pompano Beach, FL
T/D	Nick Pennente	1770 S. Ocean Blvd. #308	Pompano Beach, FL
			X 4/1

10. E-mail Address: charsart06@hotmail.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:

Charlene Barban

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/17/2010

Date

954-944-2144
Daytime Phone #