

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

98 DEC 14 PM 1:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 731710

1. Corporation Name  
VIZCAYA GARDENS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 711 S.E. 1ST WAY DEERFIELD BEACH FL 33441 US	Mailing Address 4950 N. DIXIE HIGHWAY SUITE A FORT LAUDERDALE FL 33334 US
---	---

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		4. Date Incorporated or Qualified To Do Business in Florida 01/23/1975	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-1845782	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	



REINSTATEMENT 98

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
TD	KLEIN, MADELINE	721 SE 1ST WAY STE 14	DEERFIELD BEACH FL
PD	KENNELLY, JOHN SR	333 KEY PALM RD	BOCA RATON FL
<del>VPD</del>	<del>MCKAY, DIANNA</del>	<del>1170 HILLSBORO MILE</del>	<del>HILLSBORO BEACH FL</del>
D	DODSON, SALLY	731 S.E. 1ST WAY #21	DEERFIELD BEACH FL
			400002716884--4 -12/18/98--01111--014 ***245.00 ****245.00

8. Name and Address of Current Registered Agent KENNELLY, JOHN S ESQ 4950 N. DIXIE HIGHWAY SUITE A FORT LAUDERDALE FL 33334		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL 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.  
Signature of Registered Agent: *[Signature]* REGISTERED AGENT MUST SIGN Date: 12/10/98

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)(X), 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: *[Signature]* SIGNATURE REQUIRED President 12/9/98 Date 954-771-2972 Daytime Phone #

CR2E040 (988)