

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

97 DEC 30 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 732066

1. Corporation Name

FUTURA VILLAS CONDOMINIUM ASSOCIATION NO. 1, INC.

Principal Place of Business

14050 NE 2 CT
MIAMI FL 33161
US

Mailing Address

510 FALCON AVENUE
MIAMI SPRINGS FL 33166
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

03/06/1975

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1651168

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
VD	BOGGESE, P DWAYNE	510 FALCON AVENUE	MIAMI SPRINGS FL
PD	BOGGESE, DONAL	510 FLACON AVENUE	MIAMI SPRINGS FL
D	CARMON, ALEXIS	14054 NE 2ND COURT	MIAMI FL
TD	BEAU THOMAS	880 ORIOLE	MIAMI SPRINGS, FL
1			
			500002393175-6 -01/07/98-01034-021 ****236.25 ****236.25
			REINSTATEMENT 97

8. Name and Address of Current Registered Agent

BOGGESE, DONAL A
510 FALCON AVENUE
MIAMI SPRINGS FL 33166

9. Name and Address of New Registered Agent

Name

32 1-5-98

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

Donal A. Bogges
REGISTERED AGENT MUST SIGN

Date

12/27/97

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:

Donal A. Bogges
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/27
Date

954-457-8500
Daytime Phone #

EXT 796

CR2040 (8/97)