

APPLICATION
FOR
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE
Katherine B. Ives
Secretary of State
DIVISION OF CORPORATIONS

1072

FILED

00 DEC 20 PM 12:09

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 732071

1. Corporation Name

FUTURA VILLAS CONDOMINIUM ASSOCIATION NO. 6, IN
C.

Principal Place of Business

Mailing Address

% JOSEPH MIZRAHI
1965 N.E. 208TH TERRACE
NORTH MIAMI BEACH FL 33179
US

% JOSEPH MIZRAHI
1965 N.E. 208TH TERRACE
NORTH MIAMI BEACH FL 33179
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

Applied For -

City & State

City & State

59-1651156

Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MIZRAHI, JOSEPH	1965 NE 208 TERR.	N MIAMI BEACH FL 33179
D	MIZRAHI, MICHELLE	1965 NE 208 TERR.	N MIAMI BEACH FL 33179
D	HQIN, AVIGA BEN	21321 N.E. 19TH AVENUE	N MIAMI BEACH FL 33179
T	BONNARDEL, KENNETH	17100 COLLINS AVENUE	MIAMI BEACH FL 33160
			300003514863--1 -12/27/00--01078--005 *****61.25 *****61.25

8. Name and Address of Current Registered Agent

MIZRAHI, MICHELLE
1965 NE 208 TERR.
MIAMI FL 33179

9. Name and Address of New Registered Agent

Name MICHELLE MIZRAHI
Street Address (P.O. Box Number is Not Acceptable) 20901 NE 21 AVE
Suite, Apt. #, Etc. N. MIAMI
City N. MIAMI Beach State FL Zip Code 33179

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] MICHELLE MIZRAHI
REGISTERED AGENT MUST SIGN

Date

12/1/00

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:

[Signature] SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/1/00

Daytime Phone #

KE

732071

2052

12/15/00

FLORIDA DEPT OF STATE
DIVISION OF CORPORATIONS

RE: FEI # 59-1051156

DEAR SIR:

AS PER OUR CONVERSATION LAST
WEEK, I AM PUTTING IN WRITING AND
EXPLAINING THAT WE ^{DID NOT} ~~RECEIVED~~ THE ANNUAL
REPORT FORM AND THE ADDRESS ON FILE
IS INCORRECT.

THE CORRECT ADDRESS IS:

FEEDRA VILLAS CONDO ASSO
C/O JOSEPH MIZRAHI
20901 NE 28 AVE
N. MIAMI Bch, FL 33179

I HAVE ENCLOSED A CHECK FOR \$61.25 AS
REQUESTED

Thank you

G. Mizrahi

Joseph Mizrahi