

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 NOV -9 PM 3:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 732076 (5) 498-23717

1. Corporation Name

FUTURA VILLAS CONDOMINIUM  
ASSOCIATION NO. 11, INC.

Principal Place of Business

Mailing Address

230-232-234-236 Marilyn Williams  
NE 141 ST NO MIAMI FL 33161  
230 NE 141 st  
N. Miami 72  
33161

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

MARILYN WILLIAMS

Suite, Apt. #, etc.  
230 NE 141 st

City & State

N MIAMI FL

Zip  
33161

Country  
U.S.A.

3. New Mailing Office Address, if Applicable

MARILYN WILLIAMS

Suite, Apt. #, etc.  
230 NE 141 st

City & State

N MIAMI FL

Zip  
33161

Country  
U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

3/6/1975 | 3/10/93

5. FEI Number

59-1651129

Applied For

Not Applicable

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
P. D	MAGALIE DESIRE	232 NE 141 st	N Miami FL 33161
S.T.D	Marilyn Williams	230 NE 141 st	N Miami FL 33161
D	LORETA Belboda	31 West 138 st	N.Y. NY

REINSTATEMENT 9/1/98

600002687325-9  
-11/13/98-01042-009  
\*\*\*\*481.25 10/14/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

MAGALIE DESIRE

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

232 NE 141 street

Suite, Apt. #, Etc.

City

N. Miami

State

Zip Code

FL

33161

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

M. Desire

REGISTERED AGENT MUST SIGN

Date Nov 5, 1998

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:

Marilyn Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/98 305-899-9853

Date

Daytime Phone #

481.25

CR2ED40 (1/98)