

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

08 FEB 14 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 733191

1. Corporation Name

Snapper Village Condominium
Association

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

6901 SW 114 COURT
Suite, Apt. #, etc.

3. Mailing Office Address

11981 SW 144 COURT
Suite, Apt. #, etc.
Suite 201

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33173

Country

U.S.A

Zip

33180

Country

U.S.A

7. Name and Address of Current Registered Agent

Name

Hyman Spector & Mars LLP

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

150 W Flagler Street

Suite, Apt. #, Etc.

Suite 2701

City

MIAMI

State

FL

Zip Code

33130

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-1688688

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ 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

Date

REGISTERED AGENT MUST SIGN

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	Ana Maria Roque	6537 SW 116 Place-A	MIAMI, FL 33173
VP	Ana Farje	6703 SW 116 Court-C	MIAMI, FL 33173
T	Elsa Cardenas	7054 SW 114 Place-B	MIAMI, FL 33173
S	Maria Suarez	6701 SW 116 Court-302	MIAMI, FL 33173
D	Lois Kaufman	6455 SW 116 Place-A	MIAMI, FL 33173
D	Janet Mowrer	6609 SW 116 Place-E	MIAMI, FL 33173
D	JACKIE BOCA	6609 SW 116 Court-401	MIAMI, FL 33173

10. 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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 595-7569