

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 MAY -7 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **735244**

1. Corporation Name

2520 NORTH ANDREWS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**2520 North Andrews avenue
Fort Lauderdale, Florida**

000002519560--3
-05/12/98--01016--009
***1531.25 ***1531.25

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

2410 S. E. 17th Street

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

3/10/76

Suite, Apt. #, etc.

City & State

City & State

Ft. Laud. Florida

Zip

Country

Zip

33316

Country

Broward

5. FEI Number

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/S/D	BOLIVAR PEREZ	2410 S. E. 17th Street	Fort Lauderdale, FL 33316
S/D	THOMAS V. SHOOP	2410 S. E. 17th Street	Fort Lauderdale, FL 33316
D	WILLIAM B. LECATES	415 S. E. 12 Street	Fort Lauderdale, FL 33316

REINSTATEMENT

7/7/98
A. Alar

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Ronald B. Oskey
400 S. E. Spanish Trail
Boca Raton, FL 33432**

Name

William B. LeCates

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

415 S. E. 12 Street

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33316

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

William B. LeCates
REGISTERED AGENT MUST SIGN

Date

5/6/98

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)(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:

Thomas V. Shoop
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/98

Date

(954) 764-4000, ext. 4
Daytime Phone #

CR2E040 (1/98)