PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
16 MAR 29 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 740127

1. Corporation Name
SEAWAY COURT CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
833 NE 18TH CT	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
BOX 100	
City & State	City & State
FT LAUDERDALE, FL	
Zip / County	Zip / County
33305 / BROWARD	

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 9/14/1977

5. FEI Number: 59-1795582 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $5.75 Additional Fee to be paid for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: KAYE BENDER REMBAUM
Street Address (P.O. Box Number is Not Acceptable): 1200 Park Central Blvd South
Suite, Apt. #, etc.:
City: POMPANO BEACH | State: FL | Zip Code: 33610

400282962144
03/29/16--01020--022 **61.25

400282962144
03/04/16--01022--017 **420.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: _____ Date: 3/1/16
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	RON MCCANN	833 NE 18TH COURT #100	FORT LAUDERDALE, FL 33305
V	MARTIN KAGAN	833 NE 18TH COURT #100	FORT LAUDERDALE, FL 33305
S/T	TOM GOTTILY	833 NE 18TH COURT #100	FORT LAUDERDALE, FL 33305
			MAR 29 2016
	REINSTATEMENT		R. HUNT

10. E-mail Address: TGOTTILY@YAHOO.COM
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Tommy Gottily — Tommy Gottily — 2/25/16 — 954.931.0903
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR — Date — Daytime Phone #