

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 DEC -3 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **740205**

1. Corporation Name

2800 TERRA MAR CONDOMINIUM ASSN., INC.

Principal Place of Business

Mailing Address

1002 SYDENHAM
CHICOUTIMI, QUEBEC G7H 2H5
QUEBEC, CANADA

1002 SYDENHAM
CHICOUTIMI, QUEBEC G7H 2H5
QUEBEC, CANADA



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

09/21/1977

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|------------|-------------------------------------|--|------------------------------|
| VD | CLEMENT BOURASSA | 247 DES COMMANDEURS #8 | LEVIS, QC G8V8A7 |
| PD | GAGNON, PIERRE | 5054 LAC SEPT-ILES | ST. RAYMOND QC G0A 4 G3L 2S7 |
| SD | MARLENE, LALIBERTE | 1002 SYDENHAM | CHICOUTIMI, QUEBEC |
| | | | |
| | | | |
| | | | |

REINSTATEMENT *TS*

000003070380--5.
12/15/99-01011-002
***175.00 ***175.00.

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DOYON, JACQUES
2800 TERRAMAR CONDOMINIUM
TERRAMAR STREET APT 8
FORT LAUDERDALE FL 33304

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Jacques Doyon
REGISTERED AGENT MUST SIGN

Date **Dec 30th 1999**

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: *Clement Bourassa V.P.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CLEMENT BOURASSA VICE PRESIDENT

Dec 30th 1999
Date Daytime Phone #
08/17/99 90013 042

CSCEP40 (8/99)

Fort Lauderdale Dec 30th 1999

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee FL 32314-6327

Attached please find a cheque of the amount of \$175⁰⁰ covering Reinstatement Fee as per statement attached.

Will you please in future mail all documents, invoices and fee if any to the address mentioned below.

2800 TERRAMAR CONDO ASSN, INC
% PIERRE GAGNON
5954 LAKE SEPT-ILES
ST-RAYMOND QC CANADA G3L 2S7

Thanking you in advance.

✓

Clement Baccarusa V.P.
2800 TERRAMAR APT 7
FORT LAUDERDALE FL 33304