

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

1997 MAY 28 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 740513

1. Corporation Name

CARIBBEAN TRADE WINDS CONDOMINIUM
ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1 North Atlantic Blvd.
Ft. Lauderdale, Florida 33304

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
c/o 2255 Glades Road

4. Date Incorporated or Qualified
To Do Business in Florida

1977

Suite, Apt. #, etc

Suite, Apt. #, etc
Suite 319-A

5. FEI Number
59-1779270

Applied For

Not Applicable

City & State

City & State
Boca Raton, FL 33431

Zip

Country

Zip

Country

33431

USA

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres. Dir.	Patricia Margolis	2740 N.E. 15th Street	Ft. Lauderdale Florida 33304
V-Pres Dir.	Robert Streeter	1940 N. E. 27th Street	Ft. Lauderdale Florida 33306
Secty Treas Dir	Brian DeCoursey	3461 N. E. 17th Terrace	Ft. Lauderdale Florida 33334
			500002196775--2 -05/30/97--01121--011 *****420.00 *****420.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

Lloyd Silverman
2880 W. Oakland Park Blvd.
Oakland Park, Florida

9. Name and Address of New Registered Agent

Name Michael Schroeder

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

2255 Glades Road 50002196775--2

Suite, Apt. #, Etc.

319-A

-05/30/97--01121--012

*****8.75 *****8.75

City

Boca Raton

State

Zip Code

FL

33431

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

Michael A. Schroeder

REGISTERED AGENT MUST SIGN

Date 5/22/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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

Patricia Margolis

Patricia Margolis
Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/97

Date

(954) 978-0500

Daytime Phone #

CR2040 (12/96)