

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 26 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 742090

1. Corporation Name
OCEAN SURF CONDOMINIUM INC

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

313 JACKSON ST

Suite, Apt. #, etc.

3. Mailing Office Address

313 JACKSON ST

Suite, Apt. #, etc.

City & State

HOLLYWOOD

City & State

HOLLYWOOD

Zip

33019

Country

U.S.

Zip

33019

Country

U.S.

500177720675

04/26/10--01059--020 **490.00

REINSTATEMENT

06-10

4. Date Incorporated or Qualified
To Do Business in Florida

3/23/78

5. FEI Number

59-1875148

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MIKE MARTOCCHIO

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

313 JACKSON ST

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33019

PROFIT CORPORATIONS ONLY

☐ The \$600.00 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 4-22-10

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	MIKE MARTOCCHIO	319 JACKSON ST	HOLLYWOOD FL 33019
VP	BERNARD BOUFFARD	316 VIRGINIA ST	" " "
T	IRWIN ZAGORIA	311 JACKSON ST	" " "
S	LINDA BLOCK	318 VIRGINIA ST	" " "
			<i>[Signature]</i>

10. E-mail Address: *lastamike@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., 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.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Martocchio

Date

Daytime Phone #

9845796604