

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2007 MAR 12 AM 9:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 743659

1. Corporation Name

The Island of Margate H.O.A.  
5900 NW 1 street  
Margate Fl. 33063

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

5900 NW 1 street

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Margate

City & State

Florida

Zip

33063

Country

U.S.A.

Zip

33063

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1978

5. FEI Number

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

Lisa Thompson

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

6237 NW 1 street

Suite, Apt. #, Etc.

City

Margate

State

FL

Zip Code

33063

☐ The 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

*Lisa D. Thompson*

Date 2-9-07

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	Lisa Thompson	6237 NW 1 street	Margate Fl. 33063
VPI	Teri Forero	6003 NW 1 street	"
VP2	Angie Aviles	6110 NW 1 street	"
TRES.	Rafael Grollon	6226 NW 1 street	"
S	Cathy Autry	6230 NW 1 street	"

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10. 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 contained in Chapter 119, 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:

*Lisa D. Thompson*

Lisa D. Thompson 2-9-07

754.368-6237

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #