

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY -5 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 743718

1. Corporation Name

Ixoria Condominium Apartments Association, Inc.

2. Principal Office Address

1918 S.E. Pt. St. Lucie Blvd. Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pt. St. Lucie, FL

City & State

Zip

34952

Country

St. Lucie

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/25/1978

5. FEI Number

73-1664494

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

Lewis B. Freeman, Receiver

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

1918 S.E. Pt. St. Lucie Blvd.

Suite, Apt. #, Etc.

City

Pt. St. Lucie

State

FL

Zip Code

34952

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

Lewis B. Freeman, Receiver

Date April 28, 2003

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
T	Lewis B. Freeman, Receiver	1918 S.E. Pt. St. Lucie Boulevard	Pt. St. Lucie, FL 34952
D	Kenneth Daras	1918 S.E. Pt. St. Lucie Boulevard	Pt. St. Lucie, FL 34952
D	Max Tochner	1918 S.E. Pt. St. Lucie Boulevard	Pt. St. Lucie, FL 34952

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 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:

Lewis B. Freeman, Receiver

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28, 2003

Date

(772) 337-5566

Daytime Phone #

CR2E081 (10/02)