

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
2021 FEB 18 AM 10:25

DEPARTMENT OF CORPORATION  
STATE OF FLORIDA

500360461885  
02/18/21--01024--001 \*\*2563.75

DOCUMENT # 744131  
1. Corporation Name  
Portside Townhouse Association, Inc.

2. Principal Office Address - No P.O. Box #  
1448 SE 15 ST  
Suite, Apt. #, etc.

3. Mailing Office Address  
217 SW 30 ST  
Suite, Apt. #, etc.

City & State  
FT. LAUD., FL

City & State  
FT. LAUD., FL

Zip 33316 Country USA Zip 33315 Country USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number  
05-7295400 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  
Robin L. Strauss

Street Address (P.O. Box Number is Not Acceptable)  
217 SW. 30 Street

Suite, Apt. #, Etc.

City  
FT. LAUDERDALE State FL Zip Code 33315

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] Date 2.2.2021  
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/T	Robin L Strauss	2021 SE 26 Terrace	FT. LAUD., FL 33316
D	Eric Shea	1448 SE 15 St - unit B	FT. LAUD., FL 33316
D	Philippe Villemaire	352 Ste-Therese	St-Jean sur Richelieu, Qc, Canada J2W 2C9

10. E-mail Address: mydogsnotdumb@bellsouth.net  
(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [Signature] Date 2.2.21 Daytime Phone # 9548683779  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T MOORE