

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
TALLAHASSEE, FLORIDA

DOCUMENT # 744131

1. Corporation Name

Portside Townhouse Association, Inc.

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

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

1448 SE 15 ST

3. Mailing Office Address

217 SW 30 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, 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]

REGISTERED AGENT MUST SIGN

Date 2.2.2021

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. Lauderdale, FL 33316
D	Eric Shea	1448 SE 15 St-unit B	Ft. Lauderdale, FL 33316
D	Philippe Villemaire	352 Ste-Therese	St-Jean sur Richelieu, Qc, Canada J2W 2C9

10. E-mail Address:

my dogs not dumb @ 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2.2.21

Daytime Phone #

954 868 3779

T MOORE