

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 JAN 22 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 744574

1. Corporation Name

THE MOORING CONDOMINIUM ASSOCIATION
OF PINE CREST, INC.

Principal Place of Business

Mailing Address

1400 NE 57 COURT
FT. LAUDERDALE, FL
33334

P.O. Box 24486
FT. LAUDERDALE, FL
33307

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10-13-78

5. FEI Number

59-1956137

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

A. Alan
Jan. 22, 1998
86-98

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	KATHY HARRISON	1400 NE 57 COURT # 307	FT. LAUDERDALE, FL 33334
D	CHRIS BERGMAN	1400 NE 57 COURT # 202	FT. LAUDERDALE, FL 33334
D	JOSEPH EXCLERT	1400 NE 57 COURT # 303	FT. LAUDERDALE, FL 33334
P	BYRON LEBEBORE	1400 NE 57 COURT # 309	FT. LAUDERDALE, FL 33334
UP	WILLIAM SEMKO	1400 NE 57 COURT # 304	FT. LAUDERDALE, FL 33334
T	SCOT M. COLLIER	1473 NE 57 STREET	FT. LAUDERDALE, FL 33334

8. Name and Address of Current Registered Agent

MICHAEL HYMAN, ESQ
19 WEST FLAGLER STREET #416
MIAMI, FL 33152

9. Name and Address of New Registered Agent

Name SCOT M. COLLIER
Street Address (P.O. Box Number is Not Accepted) 1473 NE 57 STREET
Suite, Apt. #, Etc. -
City FT. LAUDERDALE
State FL
Zip Code 33334

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SCOT M. COLLIER

REGISTERED AGENT MUST SIGN

Date 1-20-98

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOT M. COLLIER

SCOT M. COLLIER

1-20-98

Date

954-587-8400

Daytime Phone #

CR2E040 (12/96)