


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 10 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

JAN 24 2003

REINSTATEMENT 02-03

DOCUMENT #

1. Corporation Name

The Mooring Condominium Association of
Pine Crest, Inc.

c/o Vordermeier Mgmt. Co.

2. Principal Office Address

2132 E. Oakland Park Blvd. PO Box 24627

Suite, Apt. #, etc.

2nd Floor

City & State

Ft. Laud., FL

Zip

33306

Country

USAward

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Ft. Laud., FL

Zip

33307

Country

USAward

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

591956137

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

Suzanne V. Waterhouse

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

2132 E. Oakland Park Blvd.

Suite, Apt. #, Etc.

City

Ft. Laud., FL

State

FL

Zip Code

33306

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**

Suzanne V. Waterhouse
REGISTERED AGENT MUST SIGN

Date

1/14/03

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
PD	Maria Pitts	1400 NE 57 Ct. unit 209	Ft. Laud., FL 33334
VPD	Veronika Levine	1400 NE 57 Ct. unit 208	Ft. Laud., FL 33334
D	Martin Bretz	1400 NE 57 Ct. unit 306	Ft. Laud., FL 33334
D	Rita Barbarite	1400 NE 57 Ct. unit 107	Ft. Laud., FL 33334

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-18-3

Daytime Phone #

229 0649

gt 3/10