

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2*

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 748742

1. Corporation Name

PARK-VUE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

10-164TH AVE.
#5-4
REDINGTON BCH FL 33708
US

Mailing Address

10-164TH AVE.
#5-4
REDINGTON BCH FL 33708
US

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

08/31/1979

5. FEI Number

59-1656179

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	ZALEWSKI, DAVE	10 164 AVENUE #9	REDDINGTON BEACH FL
SD	GARCIA, CEIDA	10-164 AVENUE #1	REDINGTON BEACH FL 33708
T	MCDONOUGH74, OLGA M	16850 GULF BLVD.	LARGO FL 33773

MD Mrs. Olga McDonough
16850 Gulf Blvd Apt 1
N Redngtn Bch, FL 33708-1455

8. Name and Address of Current Registered Agent

BARRETT, JEAN
6372 126TH AVE. #74
LARGO FL 33773

9. Name and Address of New Registered Agent

Name

OLGA Mc Donough

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

16850 GULF BLVD

Suite, Apt. #, Etc.

APT # 1

City

No Redington Beach

State

FL

Zip Code

33708

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. or 617.0505, F.S.

Signature of Registered Agent

Olga Mc Donough
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date *11-29-02*

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., 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:

Olga Mc Donough
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/29/02
Date

Daytime Phone #

CR2040 (8/02)

Park Vue Condominiums
10 164th Ave E.
Redington Beach FL 33708

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Florida Dept of State
Division of Corporations

Telephone contact with your office revealed that a second notice regarding signatures on the annual report was sent.
Our records do not indicate any receipt of the correspondence.

Enclosed is the completed application for reinstatement and a copy of the cancelled check.

Thank you for your assistance in this matter.

DZ

David Zalewski (President)