

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 DEC -3 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 750241

1. Corporation Name
SURE PARK SEVEN CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #
3036 PARK AVE

3. Mailing Office Address
1217 SURF RD #2

Suite, Apt. #, etc.
#3

Suite, Apt. #, etc.
#2

City & State
RIVIERA BEACH FL

City & State
RIVIERA BEACH FL

Zip
33404

Country
PB

Zip
33404

Country
PB

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
59-2069494

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
SUSAN CORNELIUS

Street Address (P.O. Box Number, if acceptable)
1217 SURF RD

Suite, Apt. #,
#2

City
RIVIERA BEACH

State
FL

Zip Code
33404

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 11-23-07

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 |
|--------|-----------------------------------|--|------------------------|
| D | DRAGOS JOHN | 1217 SURF RD | RIVIERA BEACH FL 33404 |
| P | JOHN KAPANICK | 3036 PARK AVE | RIVIERA BEACH FL 33404 |
| VP | SUSAN CORNELIUS | 1217 SURF RD | RIVIERA BEACH FL 33404 |
| T | JOHN MIDCETTE | 1217 SURF RD | RIVIERA BEACH FL 33404 |
| | | | |
| | | | |

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 contained in Chapter 119, 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] SUSAN CORNELIUS 11-23-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #