

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **750246**

1. Corporation Name

INTRACOASTAL MEDICAL BUILDING CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
SSOCIATION, INC.
625 S.E. 2ND AVE., SUITE A
BOYNTON BEACH FL 33435

Mailing Address
SSOCIATION, INC.
625 S.E. 2ND AVE., SUITE A
BOYNTON BEACH FL 33435

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

4. Date Incorporated or Qualified
To Do Business in Florida

12/18/1979

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

10/17/03--01019--017 **236.25

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	GARCIA, SARA S	625 SE 2ND AVE, STE A	BOYNTON BEACH FL
ST	DIAZ, RALPH J	415 S W 4TH AVE	BOYNTON BEACH FL
VP	LOPEZ TORRES, AUGUSTO MARIA RUGGIERI	625 S E 2ND AVE SUITE B	BOYNTON BEACH FL
D	SPENCER, HOWARD R	625 S E 2ND AVE SUITE D	BOYNTON BEACH FL
D	CHIDO, CHRISTOPHER N	625 S E 2ND AVE SUITE C	BOYNTON BEACH FL
D	ALAU, JAMIE MARIA RUGGIERI	625 S E 2ND AVE SUITE B	BOYNTON BEACH FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DIAZ, RALPH J
625 S E 2ND AVENUE
BOYNTON BEACH FL 33435

Name
MATHEWS, GEORGE W III Esq.
Street Address (P.O. Box Number is Not Acceptable)
1325 So. Congress Ave.
Suite, Apt. #, Etc.

City
Boynton Beach

State
FL

Zip Code
33426

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

REGISTERED AGENT MUST SIGN

Date

10-13-03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)