

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

APPLICATION
 FOR
 REINSTATEMENT

FILED

03 NOV 13 PM 3:07

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **752502**

1. Corporation Name

CAPTAIN'S PARADISE CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

136 GOLDEN ISLES DRIVE
 HALLANDALE BEACH FL 33009

136 GOLDEN ISLES DRIVE
 HALLANDALE BEACH FL 33009

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

REINSTATEMENT 03



300024214173

10/28/03--01089--009 **175.00

4. Date Incorporated or Qualified To Do Business in Florida

05/15/1980

5. FEI Number

59-2079522

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	PERNICE, CLAIRE	136 GOLDEN ISLES DRIVE	HALLANDALE BCH FL 33009
TD	AVINO, WILLA P	136 GOLDEN ISLES DR	HALLANDALE BCH FL 33009
TD	FELDMAN, PEARL	136 GOLDEN ISLES DR	HALLANDALE BCH FL 33009
SD	GRANDVILLE, RAY	136 Golden Isles DR.	HALLANDALE Bch, FL 33009

400024636244

11/13/03 01044 003 **61.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~FELDMAN, PEARL~~
~~136 GOLDEN ISLES DR~~
~~402~~
~~HALLANDALE BEACH FL 33009~~

Name **CLAIRE PERNICE**
 Street Address (P.O. Box Number is Not Acceptable) **136 GOLDEN ISLES DR. #202**
 Suite, Apt. #, Etc. **202**
 City **HALLANDALE Bch.** State **FL** Zip Code **33009**

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

Signature of Claire Pernice
SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date **10/23/03**

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 of Claire Pernice
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-23-03

954-
 1158-
 1808

CP2E040 (7/03)