

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS  
**97-99 AR**

FILED

JUN 10 PM 4:28

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **755451**  
 Corporation Name  
**Island Point Condominium Association**  
**665 SE 21st AVE**  
**Deerfield Beh, FL 33441**

**300002905143--7**  
**-06/15/99--01060--018**  
**\*\*\*\*358.75 \*\*\*\*358.75**

Principal Office of Business  
**7686 Wiles Road**  
**Coral Springs, FL**  
**33067**

**REINSTATEMENT 97-99**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable <b>7686 Wiles Road</b>		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc. <b>Coral</b>		Suite, Apt. #, etc.		5. FEI Number <b>59-2066697</b>	
City & State <b>Coral Springs, FL</b>		City & State		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip <b>33067</b>		Country <b>Broward</b>		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P	Symon Siegel	665 SE 21 AVE # 108	Deerfield Beh, FL 33441
VP	Robert Shuttrump	665 SE 21 AVE # 106	Deerfield Beh, FL 33441
TD	Phil Tiemann	665 SE 21 AVE # 308	Deerfield Beh, FL 33441
SD	Yolanda Giacomarra	665 SE 21 AVE # 303	Deerfield Beh, FL 33441
D	Dieter Karaluz	665 SE 21 AVE # 302	Deerfield Beh, FL 33441

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name <b>Consolidated Community Management, Inc.</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>7686 Wiles Road</b>	
		City, State, Zip Code <b>Coral Springs FL 33067</b>	

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.

Signature of Registered Agent: *[Signature]* Date: \_\_\_\_\_  
 REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. 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.

IRE: *[Signature]* **Phil Tiemann** 6/2/99 (954) 429-0016  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #