

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 MAR 30 AM 8:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 759591

1. Corporation Name

Seville Townhouse Condominium  
Association, Inc

300031571353  
03/31/04--01070--007 \*\*542.50

2. Principal Office Address

8037 Sanibel Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

8037 Sanibel Dr.

Suite, Apt. #, etc.

City & State

Tamarac, FL

City & State

Tamarac, FL

Zip

33321

Country

Broward

Zip

33321

Country

Broward

REINSTATEMENT 99-04

4. Date Incorporated or Qualified  
To Do Business in Florida

8-12-81

5. FEI Number

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

Mary Lou Uttariello

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

8037 Sanibel Drive

Suite, Apt. #, Etc.

1

City

Tamarac

State

FL

Zip Code

33321

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

Mary Lou Uttariello

REGISTERED AGENT MUST SIGN

Date

3-4-04

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
Pres.	Joseph Furia	10781 Royal Palm Blvd	Coral Springs, FL 33065
Sec/Treas.	Mary Lou Uttariello	8037 Sanibel Dr.	Tamarac, FL 33321
VP	Anthony Uttariello	10791 Royal Palm Blvd	Coral Springs, FL 33065

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 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:

Mary Lou Uttariello, Sec/Treas  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary Lou Uttariello  
Sec/Treas 3-4-05

Date

Daytime Phone #

561-  
852-0885

CR2E081 (01/04)