

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

99 DEC 27 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 760492

1. Corporation Name

GULF SIDE VILLAS OF VENICE
CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1266 Jacaranda Boulevard
Venice, Florida 34292

Mailing Address

1266 Jacaranda Boulevard
Venice, Florida 34292

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

10-19-81

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

10-5349690

Applied For
Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐ ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	Christos Makrodimitras	1266 Jacaranda Boulevard	Venice, Florida 34292
D	Anastasia Makrodimitras	709 Barcelona AVE	VENICE FL 34285
T	Danella G. Makrodimitras	709 Barcelona AVE	VENICE FL 34285

STATEMENT 93-99 TS

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-01/05/00--01103--003
***503.75 ***603.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
Richard D. Saba, Esquire
Street Address (P.O. Box Number is Not Acceptable)
2033 Main Street
Suite, Apt. #, Etc.
Suite 303
City
Sarasota

State
FL Zip Code
34237

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

Richard D. Saba

REGISTERED AGENT MUST SIGN

Date **11/30/99**

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

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.

SIGNATURE:

Christos Makrodimitras
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-24-99
Date

Daytime Phone #