

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **769221**

1. Corporation Name

TRILOGY CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address

2787 East Oakland Park Blvd.
Suite, Apt. #, etc.

Suite 200

City & State

Fort Lauderdale, Fl.

Zip

33306

Country

Broward

3. Mailing Office Address

2787 E. Oakland Pk. Blvd.
Suite, Apt. #, etc.

Suite 200

City & State

Fort Lauderdale, Fl.

Zip

33306

Country

Broward

REINSTATEMENT

02-04

4. Date Incorporated or Qualified
To Do Business in Florida

7/5/83

5. FEI Number

59-2425566

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

Kevin McCloskey

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

6331 SW 1st Court

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33317

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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

REGISTERED AGENT MUST SIGN

Date

1-21-04

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
P/D	Victoria Cole	c/o Lloyd Falk, 600 SW 4th Ave.	Fort Lauderdale, FL 33315
VP/D	Phillip R. Schumann	60 Bay Colony Lane	Fort Laud. Fl. 33308
S/D	Paul H. Norwood	9922 Walker House Rd, #5	Montgomery Village, Md 20386

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

Victoria Cole

(Victoria Cole) 1-21-04 (954) 763-1146

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)