

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 APR 30 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

N00000003076
Midport Crossing Association, Inc.

2. Principal Office Address

5290 Hiatus Rd.

3. Mailing Office Address

5290 Hiatus Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sunrise FL

City & State

Sunrise FL

Zip

33351

Country

USA

Zip

33351

Country

USA

REINSTATEMENT 01-02
300005491893-0
-05/08/02--01046--017
****297.50 ****297.50

4. Date Incorporated or Qualified
To Do Business in Florida

5/9/00

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

Steven G Vitale

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

32C S.E. Osceola St.

Suite, Apt. #, Etc.

City

Stuart FL 34994

State
FL

Zip Code

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/1/02

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
DP	Vitale Otto	5290 Hiatus Rd.	Sunrise FL 33351
DV	Davis, James R	5290 Hiatus Rd.	Sunrise FL 33351
DVA	A Kra, Joseph P	32C SE Osceola St.	Stuart FL 34994

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-4-02 561-781-1999

5/7/02

CR2E081 (9/01)