

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00000005373

1. Corporation Name

RIO VILLAS TOWNHOMES OF CORAL RIDGE
HOMEOWNERS ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #

c/o Craig Sandel, 2704 NE 15 Street
Suite, Apt. #, etc.

City & State

Fort Lauderdale

Zip

33304

Country

USA

3. Mailing Office Address

c/o Craig Sandel, 2704 NE 15 Street
Suite, Apt. #, etc.

City & State

Fort Lauderdale

Zip

33304

Country

USA

7. Name and Address of Current Registered Agent

Name

Craig Sandel

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

2704 NE 15th Street

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33304

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 1-17-08

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
D/P	Craig Sandel	2704 NE 15th Street	Fort Lauderdale, FL 33304
D/T/VP	Michael Hendrick	2708 NE 15th Street	Fort Lauderdale, FL 33304
D/S	Lucy Greiner	2712 NE 15th Street	Fort Lauderdale, FL 33304
D	Robert Cramer	2700 NE 15th Street	Fort Lauderdale, FL 33304

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 contained in Chapter 119, 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

Craig Sandel, Director

Date

1/17/08 954-812-0355

Daytime Phone #

FILED

08 JAN 24 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-08

CR2E081 (12/07)

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/14/02

5. FEI Number
65-1054302

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.