

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 FEB 22 AM 11:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N01329

1. Corporation Name

NASSAU COVE CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address

2424 NORTH FEDERAL HIGHWAY

Suite, Apt. #, etc.

SUITE 314

City & State

BOCA RATON, FLORIDA

Zip

33431

Country

U. S. A.

3. Mailing Office Address

2424 NORTH FEDERAL HIGHWAY

Suite, Apt. #, etc.

SUITE 314

City & State

BOCA RATON, FLORIDA

Zip

33431

Country

U. S. A.

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

2/9/1984

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

James B. Hayes

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

2424 North Federal Highway

Suite, Apt. #, Etc.

Suite 314

City

Boca Raton

State

FL

Zip Code

33431

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

J B Hayes

REGISTERED AGENT MUST SIGN

Date

1/26/01

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	MICHAEL DeCANDIA	9250 SW 16th Rd E. Boca Raton, FL 33428	
S/D	JOSEPHINE DeCANDIA	9250 SW 16th Rd E. Boca Raton, FL 33428	
D	JAMES B HAYES	2424 N. FEDERAL HWY, 314 BOCA RATON, FL 33431	

REINSTATEMENT

87-01/m

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:

Michael DeCandia Josephine DeCandia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/26/01

Daytime Phone #

(561) 393-4027