

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION-
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State,
DIVISION OF CORPORATIONS

DOCUMENT #

N02000002192

1. Corporation Name

Waterways Condominium Association, Inc.

2. Principal Office Address

27553 So. Dixie Highway
Suite, Apt. #, etc.

City & State

Homestead, Florida

Zip

33032

Country

USA

3. Mailing Office Address

27553 So. Dixie Hwy
Suite, Apt. #, etc.

City & State

Homestead, FL

Zip

33032

Country

USA

REINSTATEMENT 03-04

04 MAR 31 AM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
700026605567
03/31/04--01074--001 **\$61.25

700026605567
01/09/04--01044--015 **\$175.00

05/05/03 91457036 \$61.25

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

54-2067999

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

Innovative Property Mgt. Services of South Florida

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

27553 So. Dixie Highway

Suite, Apt. #, Etc.

City

Homestead

State

FL

Zip Code

33032

8. I, being appointed the registered agent with 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

12/15/03 3-12-04

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
TD	Stan Walsh	27553 So. Dixie Hwy	Homestead FL 33032
PD	Sharon Smith	27553 So. Dixie Hwy	Homestead FL 33032
VPD	Thomas Centessa	27553 So. Dixie Hwy	Homestead FL 33032

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:

Stanley J. Walsh, Treasurer
Sharon Smith, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-04

12-31-03

Date

954-983-2683

954-464-5029

Daytime Phone #

CR2008 (10/02)