APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02199

1. Corporation Name
OCEAN REEF A-1-A CONDOMINIUM ASSOCIATION, INC.
3525 So. Ocean Blvd.
Highland Beach, Florida 33487

Principal Place of Business / Mailing Address

W99000011175

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
3525 So. Ocean Blvd.	3525 So. Ocean Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Highland Beach, FL	City & State: Highland Beach, FL
Zip: 33487 Country: USA	Zip: 33487 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 3/26/84

5. FEI Number: ☐ Applied For ☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	FRANK ANTONACCI	3525 So. Ocean Blvd.	Highland Beach, FL 33487
VP/D	GERALD ANTONACCI	3525 So. Ocean Blvd.	Highland Beach, FL 33487
D	MARY ANNE ANTONACCI	3525 So. Ocean Blvd.	Highland Beach, FL 33487
			FLORIDA DEPARTMENT OF STATE 06/17/99 01096-013 ***1052.50 ***1052.50
	REINSTATEMENT 86-99		

8. Name and Address of Current Registered Agent

Paul L. Feinsmith
3661 West Oakland Park Blvd.
Suite 202
Ft. Lauderdale, FL 33311

9. Name and Address of New Registered Agent

Name: Edward B. Cohen
Street Address (P.O. Box Number is Not Acceptable): 54 S.W. Boca Raton Blvd.
Suite, Apt. #, Etc.:
City: Boca Raton State: FL Zip Code: 33432

CR2E043 (12/96)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Edward B. Cohen Date: 4/30/99
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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] 5/3/99 840-623-2020
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #