


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N03000004482

1. Corporation Name

North Ocean Drive Area Residents Association, Incorporated

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

1500 Ocean Drive

Suite, Apt. #, etc.

Suite 100

City & State

Miami Beach, Florida

Zip

33139

Country

USA

3. Mailing Office Address

1500 Ocean Drive

Suite, Apt. #, etc.

Suite 100

City & State

Miami Beach, Florida

Zip

33139

Country

USA

7. Name and Address of Current Registered Agent

Name

Josephine Manning

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

1460 Ocean Drive

Suite, Apt. #, Etc.

Apt 408

City

Miami Beach

State

FL

Zip Code

33139

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

Jo Manning

REGISTERED AGENT MUST SIGN

Date February 10, 2010

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	Gary Rugg	1255 Collins Avenue	Miami Beach, FL 33139
V	Wendy Rugg	1255 Collins Avenue	Miami Beach, FL 33139
D	Josephine Manning	1460 Ocean Drive	Miami Beach, FL 33139
D	Fran Garante	1446 Ocean Drive	Miami Beach, FL 33139
D	Frank Fiorentino	1500 Ocean Drive	Miami Beach, FL 33139

10. E-mail Address: Fiorentino@aol.com

(To be used for future annual report notification)

11. 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. I further certify 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:

Frank Fiorentino

Frank Fiorentino

02/10/10

305 535-8146

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 MAR -1 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000171031100
03/02/10--01040--018 **8.75

000171031100
03/02/10--01040--017 **428.75

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida 05/27/03

5. FEI Number
30-0603965

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$9.75 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.

RH