

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVAL
AND
FORM

07 JAN 30 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03000004731

1. Corporation Name

VISTA DEL SOL AT FORT LAUDERDALE CONDOMINIUM ASSOCIATION, INC.

000087203100
02/05/07--01003--016 **192.50

REINSTATEMENT

CR2E081 (1/07)

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

65 Hendricks Isle

3. Mailing Office Address

401 Riviera Isle

Suite, Apt. #, etc.

No. 3

Suite, Apt. #, etc.

505

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale

Zip

33301

Country

Broward

Zip

33301

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

06/04/2003

5. FEI Number

571175973

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

Brent Campbell

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

65 Hendricks Isle

Suite, Apt. #, Etc.

3

City

Ft. Lauderdale

State

FL

Zip Code

33301

☒ 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.

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

Date 01/26/2007

REGISTERED AGENT MUST SIGN

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
President	Brent Campbell	65 Hendricks Isle, No 3	Ft. Lauderdale, FL 33301
Vice President	Paul Engel	65 Hendricks Isle, No 1	Ft. Lauderdale, FL 33301
Secretary/Treasurer	Tom Zampini	65 Hendricks Isle, No 4	Ft. Lauderdale, FL 33301

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:

Brent Campbell

01/26/2007

615-476-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #