

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 11 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **NO6000008230**

1. Corporation Name

**Vista Del Mar, II of Bay County
Owners' Association, Inc.**

WI-9524

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

21 Grand Avenue

3. Mailing Office Address

21 Grand Avenue

Suite, Apt. #, etc.

Suite 509

Suite, Apt. #, etc.

Suite 509

City & State

Palisades Park, NJ

City & State

Palisades Park, NJ

Zip

07650

Country

USA

Zip

07650

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/3/2006

5. FEI Number

20-5298824

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

Don Cooley

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

2104 Thomas Drive

Suite, Apt. #, Etc.

City

Panama City Beach

State

FL

Zip Code

32408

☒ 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.

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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 **02/01/10**

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
P/D	Naayer Imam	685 Steeplechase Drive	Roanoke, Virginia 24018
V/S/ T/D	Ishrat Quadri	110 High Ridge Road	West Hartford, Connecticut 06117
D	Lubna Imam	6185 Steeplechase Drive	Roanoke, Virginia 24018

10. E-mail Address:

(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/13/10

Daytime Phone #

3/10