

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR -9 AM 9:09

DOCUMENT# N06859

1. Corporation Name

CATALINA CLUB SOUTH PROPERTY OWNERS' MASTER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1755 North Congress Avenue Same
Boynton Beach, FL 33426

REINSTATEMENT

96-01

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
Suite C-9

3. New Mailing Address, If Applicable
Suite C-9

4. Date Incorporated or Qualified
To Do Business in Florida

12/28/1984

Suite, Apt. #, etc.
Delray Beach, Florida

Suite, Apt. #, etc.
Delray Beach, Florida

5. FEI Number

Applied For

City & State

City & State

650464861

Not Applicable

Zip
33444

Country
USA

Zip
33444

Country
USA

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	Walsh, Michael	1100 Linton Blvd. C-9	Delray Beach, FL 33444
VD	Walsh, Mark	1100 Linton Blvd. C-9	Delray Beach, FL 33444
STD	Walsh, William	1100 Linton Blvd. C-9	Delray Beach, FL 33444

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8. Name and Address of Current Registered Agent

Walsh, Mark
1755 North Congress Avenue
Boynton Beach, FL 33426

9. Name and Address of New Registered Agent

Name
Richard H. Critchfield
Street Address (P.O. Box Number is Not Acceptable)
Suite C-4
Suite, Apt. #, Etc.
1100 Linton Boulevard
City
Delray Beach

State
FL
Zip Code
33444

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

REGISTERED AGENT MUST SIGN

Date 4/5/01

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Michael Walsh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-01
Date

561-279-0322
Daytime Phone #

CR2E040 (12/95)