

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N08972**

1. Corporation Name

EVERGLADES CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2300 N.E. 33RD AVE.
FORT LAUDERDALE FL 33305

Mailing Address

2300 N.E. 33RD AVE.
FORT LAUDERDALE FL 33305

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/29/1985

5. FEI Number

59-2731604

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 3	City / State / Zip 4
TD	PAULA LOJOKO MARY ELLEN BECKER	2300 N.E. 33 AVE. #505	FT LAUDERDALE FL 33305
VP P/D	MUELLER, MICHAEL	2300 N.E. 33RD AVE. #305	FT. LAUDERDALE FL 33305
SD	DAVID BRICKFELLAR AUDREY JOY KAMINSKY	2300 N.E. 33 AVE. #301	FT. LAUDERDALE FL 33305
D	ANTHONY ESPOSITO LORI HOETZLEIN	2300 N.E. 33 AVE. #405	FT. LAUDERDALE FL 33305
VP V/D	KNIGHT, SCOTT	2300 N.E. 33 AVE. #803	FT. LAUDERDALE FL 33305

8. Name and Address of Current Registered Agent

KNIGHT, SCOTT P.
2300 NE 33RD AVE, #803
FT. LAUDERDALE FL 33305

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Scott Knight
REGISTERED AGENT MUST SIGN

Date

11-10-03

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E040 (7/03)