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
97 DEC 22 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N16212**

1. Corporation Name

RIO VISTA CONDOMINIUM ASSOCIATION, INC.

REINSTATEMENT 97

Principal Place of Business	Mailing Address
5620-2 N. BANANA RIVER BLVD. #2 COCOA BEACH FL 32931 US	102 COLUMBIA DRIVE STE. 105 CAPE CANAVERAL FL 32920 US

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: 08/01/1986

5. FEI Number: 59-2388445 ☐ 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)

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	SABATINO, ANTHONY	5620-2 N. BANANA RIVER BLVD.	COCOA BEACH FL 32931
VPD	YOUNGMAN, LEW	5610-1 N. BANANA RIVER BLVD.	COCOA BEACH FL 32931
STD	VENTIMIGLIA, ELIZABETH	5620-3 N. BANANA RIVER BLVD.	COCOA BEACH FL 32931
D	PAPANDREA, JOSEPH	5610-3 N. BANANA RIVER BLVD.	COCOA BCH. FL 32931
D	LOMBARDO, GASPAREL	5660-3 N. BANANA RIVER BLVD.	CAPE CANAVERAL FL 32931

12-23-97

8. Name and Address of Current Registered Agent

KAMMERUDE, MARY
102 COLUMBIA AVE.
STE. 105
CAPE CANAVERAL FL 32920

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

500002382775--6
-12/24/97--01098--013-
****238.25 ****238.25

CR2E040 (8/97)

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 Mary Kammerude — REGISTERED AGENT MUST SIGN — Date 10/27/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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: A. Sabatino Pres. A. Sabatino. — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 10/27/97 Date — (407) 783-6020 Daytime Phone #