

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 SEP 25 PM 4: 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N18618

1. Corporation Name

South Seas Center Condominium Association, Inc

400161054684
09/25/09--01050--004 **183.75

REINSTATEMENT 07-09

2. Principal Office Address - No P.O. Box #
7101 Presidents Drive

3. Mailing Office Address
776 Country Club Drive

Suite, Apt. #, etc.
#350

Suite, Apt. #, etc.

City & State
Orlando

City & State
Titusville, FL

Zip Country
FL USA

Zip Country
32780-4955 USA

4. Date Incorporated or Qualified
To Do Business in Florida January 5, 1987

5. FEI Number
59-27825933

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
Michael J. Martucci

Street Address (P.O. Box Number is Not Acceptable)
776 Country Club Drive

Suite, Apt. #, Etc.

City
Titusville

State Zip Code
FL 32780-4955

☒ 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 9/22/09

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
PD	Michael J. Martucci	776 Country Club Drive	Titusville, FL 32780-4955

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:

Michael J. Martucci

9/22/09

(321) 268-0868

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #