

Oct. 15, 2015 3:04PM


No. 2950 P. 1

ATTN: LARKOLYN

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

15 OCT 14 PM 4:22
SECRETARY OF STATE
DIVISION OF CORPORATIONS

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N20566

1. Corporation Name
Ambassador Square Condominium Association, Inc.

2. Principal Office Address - No P.O. Box # <u>812 Congressional Way</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>812 G 2800 State Rd 84</u> Suite, Apt. #, etc.	
City & State <u>Deerfield Beach FL</u>		City & State <u>Fort Lauderdale FL</u>	
Zip <u>33442</u>	Country <u>USA</u>	Zip <u>33312</u>	Country <u>USA</u>

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
05/11/1987

5. FEI Number
59-2821020

6. CERTIFICATE OF STATUS DESIRED
 \$76 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Steven + Goldwyn PA.

Street Address (P.O. Box Number is Not Acceptable)
2 South University Drive

Suite, Apt. #, Etc.
#325

City
Plantation

State
FL

Zip Code
33324

800278160598
10/16/15--01002--001 **210.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of Registered Agent [Signature] Date 10/15/15

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
<u>P</u>	<u>Patricia Donovan</u>	<u>2800 State Rd 84 Fort Lauderdale FL</u>	<u>Fort Lauderdale FL 33312</u>
<u>VPD</u>	<u>Gail Hyster Fitzpatrick</u>	<u>2800 State Rd 84</u>	<u>Fort Lauderdale FL 33312</u>
<u>S/T</u>	<u>Lotus Bass</u>	<u>2800 State Rd 84</u>	<u>Fort Lauderdale FL 33312</u>

REINSTATEMENT-2015

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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 617.155, F.S.

SIGNATURE: [Signature] Date 10/15/15

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Daytime Phone # _____