

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 MAY -3 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N21991**

1. Corporation Name

BALABAN VILLA Condominium Association, INC.
N21991

2. Principal Office Address

2514 TAYLOR Street

Suite, Apt. #, etc.

1 apt

City & State

Hollywood, FLA.

Zip

33020

Country

Broward

3. Mailing Office Address

2514 TAYLOR Street

Suite, Apt. #, etc.

1 apt

City & State

Hollywood, FLA.

Zip

33020

Country

Broward

REINSTATEMENT 06

CR2E081 (12/05)

8-11-87

4. Date Incorporated or Qualified
To Do Business in Florida

08-11-87

5. FEI Number

650154388

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

Olga Sacharewicz

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

2514 TAYLOR Street

Suite, Apt. #, Etc.

APT # 1

City

Hollywood

State

FL

Zip Code

33020

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

Irene Kurman

REGISTERED AGENT MUST SIGN

Date **4-26-06**

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
P/D	KURMAN, IRENE	1421 N.E. 111 ST	MIAMI, FL 33161
T/D	SACHAREWICZ, Olga	2514 Taylor St. #1	Hollywood, FL 33020
S/D	STRUK, Helen	2514 Taylor St. #3	Hollywood, FL 33020
	8/3/9		

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:

Irene Kurman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-06 305893-1648

Date

Daytime Phone #