

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

2008 MAY 27 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/07)

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N 26581**
1. Corporation Name
**Windwood Seas Condominium
Association Inc**

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
Suite, Apt. #, etc. 326 Harrison St 105A		Suite, Apt. #, etc. c/o MCA Management PO Box 260848	
City & State Hollywood FL		City & State Pembroke Pines	
Zip 33019	Country USA	Zip 33026	Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
650051655 ☐ 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
Dicker, Krivok + Stuloff PA

Street Address (P.O. Box Number is Not Acceptable)
1818 Australian Ave South

Suite, Apt. #, Etc.
400

City
W Palm Beach

State
FL

Zip Code
33409

☐ 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.

[Signature]

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 *[Signature]* for **Dicker Krivok & Stuloff** Date **May 19, 2008**

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	Robert Strah	326 Harrison St - 105A	Hollywood FL 33019
DT	Janet Blackmore	1171 SW 104 Way	Pembroke Pines FL 33025
DS	Lourdes Lugo	2111 NW 106 Ave	Pembroke Pines 33026
REINSTATEMENT 06-08			
500126934665			
04/29/08--01046--002 **358.75			

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 *[Signature]* Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/24/08** Daytime Phone # **954914-1744**