

1101 NE 6th Street

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED


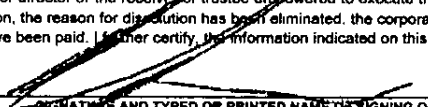
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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CR2E081 (11/09)

91-10

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N34577</b>			
1. Corporation Name CASA VICTORIA CONDOMINIUM ASSOCIATION, INC			
2. Principal Office Address - No P.O. Box # 1101 NE 6th Street		3. Mailing Office Address 1101 NE 6th Street	
Suite, Apt. #, etc. Apt E		Suite, Apt. #, etc. Apt E	
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, FL	
Zip 33304	Country	Zip 33304	Country
4. Date Incorporated or Qualified To Do Business in Florida			
5. FEI Number 650154932		Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name Rick Dressner			
Street Address (P.O. Box Number is Not Acceptable) 1101 NE 6th Street			
Suite, Apt. #, Etc. Apt E			
City Fort Lauderdale		State FL	Zip Code 33304
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 5/5/10	
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
President/ treasurer	Rick Dressner	1101 NE 6th Street Apt E	Fort Lauderdale, FL 33304
VP	Emma Dubler	1101 NE 6th Street Apt b	Fort Lauderdale, FL 33304
Secretary	Brad Cassin	1101 NE 6th Street Apt C	Fort Lauderdale, FL 33304
<b>REINSTATEMENT</b>			
10. E-mail Address: Rickdressner@msn.com			
(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., 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.			
SIGNATURE: 		Feb 23 2010 954 401 5454	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	