

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JAN -2 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N41292

1. Corporation Name

VILLAS-BY-THE-SEA OWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4456 EL MAR DRIVE
LAUDERDALE BY THE SEA FL 33308

4456 EL MAR DRIVE
LAUDERDALE BY THE SEA FL 33308



REINSTATEMENT

AD

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/17/1990

SP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0263039

*Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	FRIEDT, GLENN H JR.	4456 EL MAR DRIVE	LAUDERDALE BY THE SEA FL
DVS	FRIEDT, THEODORE K	4456 EL MAR DRIVE	LAUDERDALE BY THE SEA FL
DT	THOMAS, WILLIAM G	4456 EL MAR DRIVE	LAUDERDALE BY THE SEA FL 33308
			5000003532665--6
			-01/11/01--01042--020
			****245.00 ****245.00

8. Name and Address of Current Registered Agent

FRIEDT, GLENN H JR.
4456 EL MAR DRIVE
LAUDERDALE BY THE SEA FL 33308

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Date

12/26/00

REGISTERED AGENT MUST SIGN

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

William G. Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/26/00 (954) 493.7485

Daytime Phone #

CR2E040 (8/00)