

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 MAY -4 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N41400

1. Corporation Name

POST OFFICE ARCADE CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

Mailing Address

3228 MARTIN DOWNS BOUELVARD
SUITE #5
PALM CITY FL 34990
US

3228 MARTIN DOWNS BOUELVARD
SUITE #5
PALM CITY FL 34990
US

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

Suite, Apt. #, etc.
401 East Ocean Blvd.
City & State
Stuart, FL
Zip
34994 Country
USA

Suite, Apt. #, etc.
401 East Ocean Blvd.
City & State
Stuart, FL
Zip
34994 Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/24/1990

SF

5. FEI Number

65-0221350

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	VITALE, OTTO Vitale	3228 MARTIN DOWNS BOUELVARD 401 East Ocean Blvd.	PALM CITY FL 34990 Stuart, FL 34994
VPD	VITALE, STEVEN	3228 MARTIN DOWNS BOUELVARD 401 East Ocean Blvd.	PALM CITY FL 34990 Stuart, FL 34994
TD	VITALE, ASHLEY	3228 MARTIN DOWNS BOUELVARD 401 East Ocean Blvd.	PALM CITY FL 34990 Stuart, FL 34994
SD	VITALE, STEVEN	3228 MARTIN DOWNS BOUELVARD 401 East Ocean Blvd.	PALM CITY FL 34990 Stuart, FL 34994
			100003265781-8 -05/24/00--01061--030 ****297.50 ****297.50

8. Name and Address of Current Registered Agent

VITALE, STEVEN G
3228 MARTIN DOWNS BOUELVARD
SUITE #5
PALM CITY FL 34990

9. Name and Address of New Registered Agent

Name
Vitale, Steven G.
Street Address (P.O. Box Number is Not Acceptable)
401 East Ocean Blvd.
Suite, Apt. #, Etc.
City
Stuart State
FL Zip Code
34994

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

SIGNATURE REQUIRED

Date 4/20/00

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven G. Vitale

Date

Daytime Phone #

4/20/00 561-781-1999

CR2EM40 (8/99)