PLEASE READ REMS A MENT	FLORID	RUCTIONS A DEPARTMEN Sandra B. Mor Secretary of S IVISION OF CORPOR	NT OF STATE tham tate	A	PPROVED FILED		1012
DOCUMENT# N43589				98 NOV 30 PM 2:27			
1. Corporation Name PORT`ANTIGUA AT CORAL BAY VILLAGE ASSOCIATION, INC.				SECRETARY OF STATE TALLAHASSEE. FLORIDA			
Principal Place of Business Mailing Address 3141 VISTA DEL MAR 2001 W. SAMPLE RD. MARGATE FL 33063 SUITE 305 US POMPANO BEACH FL 33064			, <u> </u>				
If above addresses are incorrect in any way, line through incorrect information and enter 2. New Principal Office Address, If Applicable 3. New Mailing Office Address,				Date Incorp To Do Busin	orated or Qualified ness in Florida	05/23/19	
Sulte, Apt. #, etc. 6738 BUENA VICTA DR. City & State MARCATE FL	Suite, Apt. #,	Bax 830	24 5 FL	5. FEI Number	65-0404362	00/20/10	Applied For Not Applicable
33063-8308 Country A	33307	5-830 4 Country	5A	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status			
7, Names and Street Addresses of Each Officer and Name of Officers and/or Directors	Stre	eet Address of Each icer and/or Director Post Office Box Nu	_ 	4	City / State / Zip		
D HAWLEY, PETER HOWLEY		3401 NW 62 AVE	ENA VIS	TA DR	MARGATE FL	33063	
D MISHNER, CHARLES		2001 W. SAMPLE	RD., SUITE 305		POMPANO BEACH FL 33064		
D GARDNER, STEVEN		3401 NW 62-AVE 663/ SA/	bise Te	- PLANCE_	MARGATE FL	33063	
				71		70324 /9801062 70.00 ***	!018
8. Name and Address of Current Registered Agent Name				9. Name and	Address of New Re	gistered Agent	
TORN, HOWARD 2001 W SAMPLERD 501TE 305			Street Address (P.O. Box Number is Not Acceptable) 5738 SUENA VISTA DR IVE Suite, Apt. #, Etc.				
POMPANO BEACH, FL 33064			City MALGALE State Zip Code 33083-8308				
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 REGISTERED AGENT MUST SIGN Date							
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No X DUE (she that side for primation DUE)							

12. 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 filling 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:

nnisass

Peter Howley, Director
Port Antigua at Coral Bay Village Association, Inc.
C/O P.O. Box 8304
Coral Springs, FL 33075-8304

November 25, 1998

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sirs:

Enclosed is an Application for Reinstatement for our Homeowners Association.

The original annual report was never received by the Homeowners Association, because it was sent to the builder's address and the builder never gave the report to our association for payment.

We respectfully request the reinstatement of the corporation and waiver of the late fees for cause.....we honestly did not receive the report and were never advised by the builder that payment was due.

Enclosed is the signed report and a check for \$70.00....to cover the \$61.25 annual fee and the \$8.75 certificate of good standing fee.

We offer our sincere apologies for this delay and offer our sincerest thanks for acting positively on our reinstatement request.

Yours truly,

Board member/

P.S... Please change the spelling of my name and the mailing address and the registered agent address. This will assure prompt action in the future of any correspondence you send to us.