

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 FEB 28 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N48523**

1. Corporation Name

OCEAN TRAIL VI BENEVOLENT ASSOCIATION, INC.

Principal Place of Business

400 BEACH RD
STE 404
TEQUESTA FL 33469
US

Mailing Address

C/O MARCIA ALEVIZOS
400 BEACH RD STE 404
TEQUESTA FL 33469
US

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



REINSTATEMENT

99-00

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/23/1992

SP

5. FEI Number

65-0326814

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
1	2	3	4
PD	ALEVIZOS, JOHN P	400 BEACH RD STE 404	600003164476--2 -03/09/00-01100-014 *****297.50 *****297.50 TEQUESTA FL 33469
VD	ALEVIZOS, MARCIA S	400 BEACH RD STE 404	TEQUESTA FL 33469
V	GOULD, LOREN	500 OCEAN TRAIL WAY, #608	JUPITER FL 33477
TD	BROWN, RONALD	400 OCEAN TRAIL WAY, #607	JUPITER FL 33477
D	HUTTON, ROY ESQ	300 OCEAN TRAIL WAY #1409	JUPITER FL 33477
D	FARBER, PAUL ESQ	400 OCEAN TRAIL WAY #1401	JUPITER FL 33477

8. Name and Address of Current Registered Agent

ALEVIZOS, MARCIA S
400 BEACH RD
STE 404
TEQUESTA FL 33469

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

600003164476--2

-03/09/00-01100-015

*****17.50 *****17.50

FL

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

Marcia S. Alevizos
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 1/12/00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John P. Alevizos
JOHN P. ALEVIZOS

Date

Daytime Phone #

1/12/00 (561)525-4030

CR2040 (8/99)