

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JAN -2 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000053

1. Corporation Name

SEA GARDENS BEACH & TENNIS RESORT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

615 N OCEAN BLVD
POMPANO BEACH FL 33062

Mailing Address

615 N OCEAN BLVD
POMPANO BEACH FL 33062



REINSTATEMENT

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	
		1500 GREEN CREEK RD		10/30/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
		# 404		65-0387494	
City & State		City & State		Applied For	
		FORT LAUDERDALE, FL		Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
		33309	USA	\$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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	MULLER, RALPH	6400 N ANDREWS AVE SUITE 200	FT LAUDERDALE FL 33309
	RUSSELL, RICK	703 WEST CRESTLAND	AUSTIN, TX 78752
VD	SHEEHAN, KEVIN	6400 N ANDREWS AVE SUITE 200	FT LAUDERDALE FL 33309
	KRAETZ, JACK	550 LAKEWOOD CIR.	COLORADO SPRINGS, CO 80910
STD	SCHMIDT, WILLIAM C	6400 N ANDREWS AVE SUITE 200	FT LAUDERDALE FL 33309
STD	TORKOS, SHERRY	238 BERTIE ST #6	FOET ERIE, ONTARIO L2A-123
SD	HAYES, BRENDA	6400 N ANDREWS AVE SUITE 200	FT LAUDERDALE FL 33309
D	EIGEL, JOHN	1304 TAHITI DR.	SAINT LOUIS MO 63126-1443
D	JACKSON, JADA	4386 SALSBY RD	UNIVERSITY HEIGHTS, OH 44118
D	FELICE, BOB	615 N OCEAN BLVD	POMPANO BEACH FL 33062

8. Name and Address of Current Registered Agent

MULLER, RALPH
615 N OCEAN BLVD
POMPANO BEACH FL 33062

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City

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]

REGISTERED AGENT MUST SIGN

Date 12-31-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

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 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)(l), 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]
ROBERT FELICE

12/11/96 (954) 943-6200

CR2EM0 (7/96)