

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -3 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000001401

1. Corporation Name

VENETIAN CAUSEWAY NEIGHBORHOOD ALLIANCE, INC.

Principal Place of Business

25 W FLAGLER ST
STE 800
MIAMI FL 33130
US

Mailing Address

1602 ALTON ROAD
#27
MAIMI BEACH FL 33139

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

2. New Principal Office Address, If Applicable

1000 Venetian Way
Suite, Apt. #, etc.
#603

City & State
Miami FL

Zip Country
33139 USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

REINSTATEMENT 03



900025190659

4. Date Incorporated or Qualified To Do Business in Florida 018 **236.25
03/25/1993

5. FEI Number

65-0413703

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
1VPD	CHITTY, ROBERT A	130 W RIVO ALTO DR.	MAIMI BEACH FL 33139
PD	BISNO, BARBARA	1000 VENETIAN WAY, APT. 603	MIAMI FL
T	GORDICH, HELEN MARIE	1000 VENETIAN WAY, APT. 2102	MIAMI FL
SD	GORDICH, HELEN M WARNER, REBECCA J	1000 Venetian Way #2102 801 N VENETIAN DR #1205	MIAMI FL 33139
SVPD	BALLOU, JOHN	801 N VENETIAN DR PH D2	MIAMI FL 33139

8. Name and Address of Current Registered Agent

CHITTY, ROBERT A
130 WEST RIVO ALTO DR
MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

Name
Barbara K. Bisno
Street Address (P.O. Box Number is Not Acceptable)
1000 Venetian Way #603
Suite, Apt. #, Etc.
City
Miami
State
FL
Zip Code
33139

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. or 617.0505, F.S.

Signature of
Registered Agent

Barbara K. Bisno

Date 11/24/03

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:

Barbara K. Bisno

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARBARA K. BISNO

11/24/03

Date

305 374 2566

Daytime Phone #

CR2E040 (7/03)