

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

98 MAR 31 AM 6:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-04/02/98--01079--009

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DOCUMENT # N94000000656

1. Corporation Name

Illustre Village Condominium  
Association, Inc

Principal Place of Business

Mailing Address

c/o Prime Management Group  
6300 Park of Commerce Blvd  
Boca Raton, FL 33487

-Same-

REINSTATEMENT 97-98

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 3-7-95	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0562405	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
1	2	3	4
Pres.	Salvatore Macaluso	5265 L Brisata Cir.	Boynton Bch, FL 33437
1st V.P.	Marvin Freifeld	5171 M Floria Drive	Boynton Bch, FL 33437
2nd V.P.	Sidney Kaplowitz	5154 B Floria Drive	Boynton Bch, FL 33437
Sec.	Joan Trombka	5171 I Floria Drive	Boynton Bch, FL 33437
Treas.	Gerald Applebaum	5136 H Floria Drive	Boynton Bch, FL 33437

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name Myron Swatt	
Street Address (P.O. Box Number is Not Acceptable) Prime Management Group 6300 Park of Commerce Blvd	
Suite, Apt. #, Etc.	
City Boca Raton	State Zip Code FL 33487

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 3/18/98

11. This corporation owes or has paid the current year Intangible/Personal Property tax due June 30.

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)(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:

*Salvatore J Macaluso*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/98  
Date

561 364 8855  
Daytime Phone #

CR2E040 (1/98)