

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 DEC -1 PM 3:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000003202**

1. Corporation Name

**SANS SOUCI CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

11915 NE 19TH DR  
% MANAGEMENT OFFICE  
N MIAMI FL 33181  
US

11915 NE 19TH DR  
% MANAGEMENT OFFICE  
N MIAMI FL 33181  
US

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



03/22/99 90052016 \$61.25

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

06/23/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0510327

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DD	VILLARREAL, HENRY	11915 NE 19TH DR	N MIAMI FL
DD	SAMPEDRO, LOURDES LOURDES	11915 NE 19TH DR	N MIAMI FL 33181
DD	<del>XXXXXXXXXX</del> MOORE, ROBERT	11915 NE 19TH DR	N MIAMI FL
PMT	CABAL, JUDIO <del>DELETTRE</del>	11915 NE 19TH DR	N MIAMI FL

**REINSTATEMENT 1999**

8. Name and Address of Current Registered Agent

KAYE & ROGER P.A.  
6261 NW 8TH WAY  
STE #103  
FT LAUDERDALE FL 33309

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
700003071837--6  
Suite, Apt. #, Etc. -12/15/99--01104--004  
City \*\*\*\*175.00 State Zip Code  
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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 11/29/99

11. I certify that I am an officer or director of 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/99 305-945-7606  
Date Daytime Phone #

CR25040 (8/99)