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 JAN 12 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000003833

1. Corporation Name

OLD TOWN AT RIVERWALK MERCHANTS ASSOCIATION INCORPORATED

Principal Place of Business	Mailing Address
211 South Second Street, Fort Lauderdale, FL 33301	

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
see above	see above
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida: 1997

5. FEI Number: 650838961 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Chairman	James Carras D	211 SW 2nd Street, Suite D	Fort Lauderdale, FL 33301
Vice Chairman	Tim Petrillo D	301 SW 3rd Avenue	Fort Lauderdale, FL 33312
Sec./Treas.	Bobbi Pignone D	110 SW 3rd Avenue	Fort Lauderdale, FL 33301
Board Mem.	Russell Davis D	200 West Broward Blvd.	Fort Lauderdale, FL 33301
Board Mem.	Giorgio Ceciarelli D	208 SW 2nd Street	Fort Lauderdale, FL 33301

800003103408--7
-01/20/00--01003--014
****297.50 ****297.50

8. Name and Address of Current Registered Agent

James Carras
211 SW 2nd Street, Suite D
Fort Lauderdale, FL 33301

9. Name and Address of New Registered Agent

Name: REINSTATEMENT 99-00 TS
Street Address (P.O. Box Number is Not Acceptable):
Suite, Apt. #, Etc.:
City: State: FL Zip Code:

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: James Carras James Carras — Date: January 5, 2000
REGISTERED AGENT MUST SIGN

11. This corporation owes 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: James Carras James Carras JAMES CARRAS 1-5-00 954.525.10
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #