

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JAN 25 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000003833

1. Corporation Name

OLD TOWN AT RIVERWALK MERCHANTS ASSOCIATION, INC

Principal Place of Business

Mailing Address

211 SW 2ND STREET, STE. D
FT. LAUDERDALE FL 33301

211 SW 2ND STREET, STE. D
FT. 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

4. Date Incorporated or Qualified
To Do Business in Florida

07/03/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0838961

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
CD	CARRAS, JAMES	211 SW 2ND STREET, STE. D	FT. LAUDERDALE FL 33301
VCD	PETRILLO, TIM	301 SW 3RD AVENUE	FT. LAUDERDALE FL 33312
STD	PIGNONE, BOBBI	110 SW 3RD AVENUE	FT. LAUDERDALE FL 33301
DBM	DAVIS, RUSSELL	200 WEST BROWARD BLVD.	FT. LAUDERDALE FL 33301
DBM	CEIARELLI, GIORGIO	208 SW 2ND STREET	FT. LAUDERDALE FL 33301

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CARRAS, JAMES
211 SW 2ND STREET, STE. D
FT. LAUDERDALE FL 33301

Name

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

[Signature]
REGISTERED AGENT MUST SIGN

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-01/31/02--01004--014

Date *Jan 10 2002*

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 10 2002

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CR2E040 (8/01)