

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # N97000003833

1. Corporation Name

OLD TOWN AT RIVERWALK MERCHANTS ASSOCIATION, INC

Principal Place of Business

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

Mailing Address

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/03/1997

5. FEI Number

65-0838961

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRE ☐

\$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	4 City / State / Zip
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
<del>DBM</del>	<del>DAVIS, RUSSELL</del>	<del>200 WEST BROWARD BLVD.</del>	<del>FT. LAUDERDALE FL 33301</del>
DBM	CEIARELLI, GIORGIO	208 SW 2ND STREET	FT. LAUDERDALE FL 33301
DBM	HOOVER ALAN	301 SW 3RD AVE	FT. LAUDERDALE 33301 FL

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

900028319999

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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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAMES CARRAS JAN. 10, 2004

CR2E040 (7/03)