

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 FEB -5 AM 8:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *N99 00 00 00 437*

1. Corporation Name

*SPA ATLANTIS CONDOMINIUM HOTEL  
ASSOCIATION, INC.*

700011880477  
02/05/03--01044--014 \*\*\*367.50  
**REINSTATEMENT** *01-03*

2. Principal Office Address

*1350 N. OCEAN BLVD*

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

*POMPANO BEACH, FL*

City & State

Zip

*33062*

Country

*BROWARD*

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

*1/25/99*

5. FEI Number

*59-3688029*

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

*DAVID WEISMAN, ESQ*

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

*2021 TYLER STREET*

Suite, Apt. #, Etc.

City

*HOLLY WOOD, FL*

State

*FL*

Zip Code

*33020*

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*[Signature]*

Date

*1/30/03*

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	CAROL MINKIN	1350 N. OCEAN BLVD	POMPANO BEACH, FL 33062
SD	JOSHUA MINKIN	1350 N. OCEAN BLVD	POMPANO BEACH, FL 33062
VD	JOHN C. SIENHARDT	1350 N. OCEAN BLVD	POMPANO BEACH, FL 33062

10. 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]* CAROL MINKIN

Date

*1/30/03* 954-590-1121

Daytime Phone #

CRZE081 (10/02)