

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 13 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N99000000951**

1. Corporation Name

**Condominium Association of
Clubsides Villas at Ballontrae Inc.**

2. Principal Office Address

4000 S. 57th Ave

Suite, Apt. #, etc.

Suite 101

City & State

Lake Worth, FL

Zip

33463

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/15/1999

5. FEI Number

65-0899750

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-03

7. Name and Address of Current Registered Agent

Name

Property Management Resources

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

4000 S. 57th Ave

Suite, Apt. #, Etc.

Suite 101

City

Lake Worth

State
FL

Zip Code

33463

200012463372
02/13/03--01051--006 **297 50

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

Robert Halpern Pres.

REGISTERED AGENT MUST SIGN

Date **2/11/03**

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
P/D	Martin Zeller	9851 SW 2nd str.	Plantation, FL 33324
S/T/D	Robert Halpern	9851 SW 2nd str.	Plantation, FL 33324
D	Betty Zeller	9851 SW 2nd str.	Plantation, FL 33324

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:

Robert Halpern 2/11/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

gr 2/17