

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Hanrahan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N99000004086**

1. Corporation Name

DANIA BEACH HEIGHTS CIVIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~279 SW 4 AVE~~ **286 SW 9 St.**
~~DANIA FL 33004~~ **Dania Beach, FL**
(Dania Beach) 33004

~~279 SW 4 AVE~~
~~DANIA FL 33004~~

SAME

(Dania Beach)

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/24/1999

5. FEI Number

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	BOHANAN, TEDDY	279 SW 4 AVE	DANIA FL 33004 Dania Beach
VD	MITCHELL, MERITA Scott Silvernale	279 SW 4 AVE 275 SW 9 St.	DANIA FL 33004 Dania Beach
SD	SILVERNALE, JUNE	279 SW 4 AVE 275 SW 9 St.	DANIA FL 33004 Dania Beach
TD	XALOTIA, MICHAEL Lisa Young	279 SW 4 AVE 286 SW 9 St. Dania Beach, FL 33004	DANIA FL 33004 Dania Beach
500004641935--9 -10/18/01--01057--012 ***236.25 ***236.25			

8. Name and Address of Current Registered Agent

SILVERNALE, JUNE M
275 SW 9 STREET
DANIA FL 33004
Dania Beach

9. Name and Address of New Registered Agent

Name

Street Address (If Not Applicable, Enter "None")

Suite, Apt. #, Etc.

City

State

Zip Code

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.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **04/26/01**

11. I certify that I am an officer or director of 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 REQUIRED
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LISA YOUNG

Date **04/26/01**

Daytime Phone # **954-205-1889**

Date

Daytime Phone #

CR2E040 (9/00)