

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN -8 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P30902

1. Corporation Name

FRONTSTREET RESORT, N.V.

2. Principal Office Address - No P.O. Box #

6986 S. Atlantic Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 2092

Suite, Apt. #, etc.

City & State

New Smyrna Beach, Florida

City & State

New Smyrna Beach, Florida

Zip

32169

Country

United States

Zip

32170

Country

United States

4. Date Incorporated or Qualified
To Do Business in Florida

08-23-1990

5. FEI Number

593028754

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

James M. Kosmas

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

111 Live Oak Street

Suite, Apt. #, Etc

City

New Smyrna Beach

State

FL

Zip Code

32168

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date

1/5/2010

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
PC	Angella Brucellaria	6986 S. Atlantic Avenue	New Smyrna Beach, FL 32169
VC	Nicholas G. Kosmas	920 Third Avenue	New Smyrna Beach, FL 32169
SD	Harold B. Gordy, Jr.	5200-B Coastal Hwy.	Ocean City, MD
D	John Brucellaria	6986 S. Atlantic Avenue	New Smyrna Beach, FL 32169

10. E-mail Address: jonnibellenick@mac.com

(To be used for future annual report notification)

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. I further certify 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 #

12-5-10 386-402-4094