

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 APR -4 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P99000045246**

1. Corporation Name

**Isle of Venice Condominium Association,
Inc.**

2. Principal Office Address

90 Isle of Venice

Suite, Apt. #, etc.

#4A

City & State

Fort Lauderdale, Fl.

Zip

33301

Country

USA

3. Mailing Office Address

90 Isle of Venice

Suite, Apt. #, etc.

#4A

City & State

Fort Lauderdale, Fl.

Zip

33301

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ulrich M. Zoellin

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

90 Isle of Venice #4A

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33301

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

U. M. Zoellin

Date

4-1-2003

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
P	ERnst-Dieter Kircher	90 Isle of Venice #9	Ft. Lauderdale, Fl. 33301
VP	Gunter Gott	90 Isle of Venice #10	Ft. Lauderdale, Fl. 33301

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:

U. M. Zoellin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-1-2003

Daytime Phone #

CR2E081 (10/02)

21 4/7

Aqua Mar

Resort & Marina - Aqua Mar / Tierra Tobago



April 1, 2003

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Isle of Venice Condominium Association, Inc.
Document # P99000045246

Dear Sir:

I am enclosing a completed form for corporation reinstatement along with our check #3559 in the amount of \$300.00.

This is for the reinstatement of the above-captioned corporation for the years 2002 and 2003. I am asking you to please waive the reinstatement fee.

I am filling in for the regular manager at the Isle of Venice and do not know why this corporation was not filed last year. We did file for four other corporations (Isle of Venice Apartments, Inc.; Sunycon, Inc.; Zollin's Black Forrest Edition, Inc.; and Black Forest Girl, Inc.) I don't think that we received the 2002 Uniform Business Report for Isle of Venice Condominiums or it would have been filed at the same time. All of the above listed corporations were filed on April 30, 2002. If we had the paperwork on this one it would have been filed at the same time. Therefore I ask you to waive the reinstatement fee if you possibly can.

Thank you for your consideration in this matter.

Sincerely,

Peggy McEntee
Acting Manager
Isle of Venice Condominium Association