

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

00 APR -6 AM 9:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 710668

1. Corporation Name GREENBRIER ASSOCIATION, INC.

2. Principal Office Address  
50 CELESTIALWAY  
Suite, Apt. #, etc.

3. Mailing Office Address  
50 CELESTIALWAY  
Suite, Apt. #, etc.

City & State  
JUNO BEACH, FL

City & State  
JUNO BEACH, FL

Zip Country  
33408 PALM BEACH

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33408 PALM BEACH

**REINSTATEMENT** 0910  
3/24/09 90054002 \$1.25

4. Date incorporated or Qualified To Do Business in Florida 04/05/1966

5. FEI Number 59-1160446  
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 GINO CASSANO  
Street Address (P.O. Box Number is Not Acceptable) 50 CELESTIAL WAY  
Suite, Apt. #, Etc. JUNO  
City JUNO BEACH, FL State FL Zip Code 33408

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 *GINO CASSANO* Date 4/4/2000  
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.	HENRY CHENETTE	50 CELESTIALWAY	JUNO BEACH, FL 33408
V.1	BARRY WEBSTER	50 CELESTIALWAY	JUNO BEACH, FL 33408
T.	JOHN FOX	50 CELESTIALWAY	JUNO BEACH, FL 33408
S	MARY ELLEN LEAHY	50 CELESTIALWAY	JUNO BEACH, FL 33408
D	SANDY WALCZAK	50 CELESTIALWAY	JUNO BEACH, FL 33408
D	JIM EITZ	50 CELESTIALWAY	JUNO BEACH, FL 33408

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: *Henry Chenette* Date 4-4-00 Daytime Phone # 561-776-8671  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR HENRY CHENETTE

CR2E081 (8/99)