

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JUL 26 AM 10:42

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

09-10 B 7/27/10
CR2E081 (6/10)

DOCUMENT # 740867

1. Corporation Name

The 2600 Condominium Association, Inc.

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

2600 S. Ocean Blvd.

3. Mailing Office Address

2600 S. Ocean Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Beach, FL 33480

City & State

Palm Beach, FL 33480

Zip

33480

Country

USA

Zip

33480

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

11/23/1977

5. FEI Number

59-1786102

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

Kenneth L. Direktor

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

625 N Flagler Dr.

Suite, Apt. #, Etc.

7th Floor

City

West Palm Beach

State

FL

Zip Code

33401

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

Kenneth S. Direktor

REGISTERED AGENT MUST SIGN

Date 7/21/10

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
Pres	Esther Landsman	2600 S. Ocean Blvd.	Palm Beach, FL 33480
VP	Irving Baron	"	"
Trea	Harold Brownstein	"	"
Sec	Lisa Hollinger	"	"
Mgr	Hector Pintos	"	"

10. E-mail Address: 2600condo@bellsouth.net

(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:

Hector Pintos HECTOR PINTOS 6/25/10 5615853189

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #