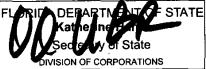
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## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMEN





SECRETARY OF STATE

00 OCT 18 PM 2:45

DOCUMENT #

742446

1. Corporation Name

HASTINGS D CONDOMINIUM ASSOCIATION, INC.

Principal	Place	of	Bus	ness

Mailing Address

HASTINGS D 61 CENTURY VILLAGE

HASTINGS D 61 CENTURY VILLAGE



WEST PALM US	M BEACH FL 33417	US US	CH FL 33417					
If above ac	ddresses are incorrect in any way, line thr	ough incorrect inform	ation and ente	r correction below.				
New Principal Office Address, If Applicable     New Mailin     Has-		3. New Mailing Of	g Office Address, If Applicable 4. Date			Date Incorporated or Qualified To Do Business in Florida 04/14/1978		
Suite, Apt. #, etc. Suite, Apt. #,		Suite, Apt. #_etc.	D - 25		5. FEI Number		Applied For	
City & State	, <sup></sup>	City & State  W · Paul	July Bch F1		6.	59-1645983	Not Applicable	
Zip	Country	Zip 33417	Cour	is H	l <u></u>	OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
7. Names a	and Street Addresses of Each Officer and	or Director (Florida r	nonprofit corpo	orations must list at lea	ast 3 directors)			
Title(s)	Name of Officers and/or Directors 2	3		Street Address of Each Officer and/or Director		City	/ State / Zip	
VD	CAMPO, JOUN	H	astings D-6	SO CEN VIL		WEST PALM BCH F	L	
VD	RUTSTEIN, MARCO HASTINGS D-64 CEN		34 CEN VIL	WEST PALM BCH FL		L		
TD	ETTINGER, FLORENCE HASTINGS D-61		31 CEN VIL	CEN VIL		W PALM BEACH, FL 00000		
SD	JARMELL, HELEN HASTINGS D-S		52 CEN VILL	CEN VILL		W PALM BEACH, FL 00000		
-					3	00003 <b>4</b> 5 -11/ <u>07/0</u> 0	:01115015	
	·					*****61.	25 *****61.25	
	8. Name and Address of Current	Registered, Agent			9. Name and A	ddress of New Register	red Agent	
CTTINE	GER, FLORENCE			Name Hel		armell		
i	NGS D-61			Street Address (I	P.O. Box Number	is Not Acceptable)		
	URY VILLAGE			Suite, Apt. #, Etc	\ - \ \	2		
WEST	PALM BEACH FL 33417			City Pel	m Beh	, [	State Zip Code FL 334/7	
10. I, being	appointed the registered agent of the abo	ove named corporation	on, am familiar	with and accept the o	bligations of Secti	on 607.0505, F.S.	/ /	
Signature o Registered	Agent	a Jan EGISVERED AGENT	MUST SIGN	<u>Unkern</u>	<del></del>	Date	116/00	
11. I certify	that I am an officer or director or the rece	iver or trustee empow	vered to execu	te this application as p	provided for in cha	pter 607 or 617, F.S. I fu	rther 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.

ceived notification for the fler 2000. and attention Would like lote her to be wained We have not re-Thank you for your