

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1-2

APPLICATION FOR REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 18 PM 2:45

DOCUMENT # 742446

1. Corporation Name
HASTINGS D CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
HASTINGS D 61 CENTURY VILLAGE WEST PALM BEACH FL 33417 US	HASTINGS D 61 CENTURY VILLAGE WEST PALM BEACH FL 33417 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/14/1978	
City & State		City & State		5. FEI Number	
Zip		Country		59-1645983	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
VD	CAMPO, JOUN	HASTINGS D-60 CEN VIL	WEST PALM BCH FL
VD	RUTSTEIN, MARCO	HASTINGS D-64 CEN VIL	WEST PALM BCH FL
TD	ETTINGER, FLORENCE	HASTINGS D-61 CEN VIL	W PALM BEACH, FL 00000
SD	JARMELL, HELEN	HASTINGS D-52 CEN VILL	W PALM BEACH, FL 00000
			300003455983--7 -11/07/00--0115--015 *****61.25 *****61.25

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent	
ETTINGER, FLORENCE HASTINGS D-61 CENTURY VILLAGE WEST PALM BEACH FL 33417	Name <u>Helen Jarmell</u>	
	Street Address (P.O. Box Number is Not Acceptable) <u>Hastings</u>	
	Suite, Apt. #, Etc. <u>D-52</u>	
	City <u>W. Adm Beh</u>	State <u>FL</u> Zip Code <u>33417</u>

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Helen Jarmell Date 10/16/00
REGISTERED AGENT MUST SIGN

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 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: Helen Jarmell President Date 10/16/00 Daytime Phone # 561-683-4173
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AD

CR2E040 (8/00)

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10/16/00

Dear Mr.:

We have not received notification for the year 2000.

Would like to be sure to be received. Thank you for your kind attention.

Sincerely,
Helen Jarmell, Esq.