

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 747546

1. Corporation Name

EMBASSY PARK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1700 EMBASSY DRIVE
WEST PALM BEACH FL 33401
US

1700 EMBASSY DRIVE
WEST PALM BEACH FL 33401
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/08/1979

5. FEI Number

59-1920761

Applied For

Not Applicable

6. **REINSTATEMENT**

\$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	WIDETT, TOBY	1700 EMBASSY DR. #802	WEST PALM BEACH FL 33401
D	PATRICIA MORRIS WELLS DRUMNEY	1700 EMBASSY DR #802 908	WEST PALM BEACH FL 33401
TD	SAUL WELTMAN	1700 EMBASSY DRIVE, #709	WEST PALM BEACH FL 33401
DP	DANIEL MABIE	1700 EMBASSY DRIVE, #706	WEST PALM BEACH FL 33401
SD	JAMES, KELLEY	1700 EMBASSY DR., #409	WEST PALM BEACH FL 33401
D	AMY KELLY	1700 EMBASSY DR #101	WEST PALM BEACH FL 33401

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~TOBY WIDETT~~
1700 EMBASSY DR., #802
WEST PALM BEACH FL 33401

Name TOBY WIDETT
Street Address (P.O. Box Number is Not Acceptable)
1700 EMBASSY DRIVE - 802
Suite, Apt. #, Etc.
WEST PALM BEACH, FL 33401
City

State Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0401, F.S.

Signature of
Registered Agent

Toby Widett
REGISTERED AGENT MUST SIGN

Date 03/08/01 01002-005
****306.25 ****306.25

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:

Toby Widett
REGISTERED AGENT MUST SIGN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-01

CR2E040 (8/00)