

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 748008

1. Corporation Name

EAST VIEW OF DELRAY BEACH CONDOMINIUM
ASSOCIATION, INC.

2. Principal Office Address

2238 SPANISH TRAIL

Suite, Apt. #, etc.

A

City & State

DELRAY BEACH, FL

Zip

33483

Country

PALM BEACH

3. Mailing Office Address

2238 SPANISH TRAIL

Suite, Apt. #, etc.

A

City & State

DELRAY BEACH, FL

Zip

33483

Country

PALM BEACH

REINSTATEMENT 97-02

4. Date Incorporated or Qualified
To Do Business in Florida

07/09/1979

5. FEI Number

65-0221479

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

EDWARD GARNETT

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

2238 SPANISH TRAIL

Suite, Apt. #, Etc.

A

City

DELRAY BEACH

State

FL

Zip Code

33483

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

EDWARD GARNETT REGISTERED AGENT MUST SIGN

Date

JULY 2002

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
S/P	EDWARD GARNETT	2238 SPANISH TRAIL	DELRAY BEACH, FL 33483

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:

EDWARD GARNETT PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULY 2002 954-663-4153

Date

Daytime Phone #

CR2E081 (9/01)