

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION
REINSTATEMENT



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

FILED

02 MAR -7 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 754528

1. Corporation Name

Green Hill Condo Assoc.

W02-4111

2. Principal Office Address

8909 NW 38th Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

11

Suite, Apt. #, etc.

City & State

Coral Springs FL

City & State

11

Zip

33065

Country

U.S.A.

Zip

11

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/8/1980

5. FEI Number

050789579

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

~~John Pettas~~ John Pettas

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

8909 NW 38th Dr

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33065

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

John Pettas

REGISTERED AGENT MUST SIGN

Date

1/5/02

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
President	Claire Peterson	8915 NW 38th Dr.	Coral Springs FL 33065
Treasurer	John Pettas	8909 NW 38th Drive	Coral Springs FL 33065
Secretary	Ida Tyler	8917 NW 38th Drive	Coral Springs FL 33065

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:

John Pettas John Pettas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/02 (954) 757

Date

Daytime Phone # 0314

CR2E081 (9/01)

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1/5/02

To whom it may concern:

I am writing to ask that the fees of reinstatement be dropped due to the fact that we never received any documents in the mail to renew our account. I've enclosed a check for 253.75 to cover all other fees. Please call Linda or John Pettas (954) 757 0314 if theres any questions.

Thank you

Linda Pettas

Green Hill Condo Assoc.