

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 15 PM 3:33

DOCUMENT # **N00100**

1. Corporation Name

**Rosewood Condominium Association
Inc.**

~~W010001051A~~

2. Principal Office Address

9843 Three Lakes Cir

Suite, Apt. #, etc.

City & State

Boca Raton FL

Zip Country

33428 Palm Beach

3. Mailing Office Address

301 Yamato Road #3101

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip Country

33431 Palm Beach

REINSTATEMENT

95-01

4. Date Incorporated or Qualified
To Do Business in Florida

12/01/1983

5. FEI Number

59-2377963

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

Michael Levine

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

9843 Three Lakes Circle

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33428

500004651575-0
-10/24/01--01041--007
******603.75 ****603.75**

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

Michael Levine

Date **9-28-01**

REGISTERED AGENT MUST SIGN

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 |
|--------|--------------------------------------|---|----------------------|
| P | Michael Levine | 9843 Three Lakes Circle | Boca Raton, FL 33486 |
| D | Barry Bandtner | 9963 Three Lakes Circle | Boca Raton, FL 33486 |
| D | Catherine Bunney | 9979 Three Lakes Circle | Boca Raton, FL 33486 |
| D | Yolanda Sealey | 9863 Three Lakes Circle | Boca Raton, FL 33486 |
| | | | 8/10/18 |
| | | | |

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:

Michael Levine Michael Levine

Date

9-28-01

Daytime Phone #

561 483-201

CR2E081 (9/00)