

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

06 NOV -1 AM 11:24

DOCUMENT # **N05000008492**

1. Corporation Name

**1515 JOSEPHINE STREET
CONDOMINIUM ASSOCIATION**

2. Principal Office Address

1515 JOSEPHINE ST.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

KEY WEST FL

Zip

33040

Country

USA

City & State

Zip

Country

REINSTATEMENT 06

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ 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

JILL WOLFE

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

1515 JOSEPHINE ST.

Suite, Apt. #, Etc.

City

KEY WEST

State

FL

Zip Code

33040

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

Jill Wolfe
REGISTERED AGENT MUST SIGN

Date **10/30/06**

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
D	JILL WOLFE	1515 JOSEPHINE ST	KEY WEST, FL 33040
D	JEFFREY WOLFE HERBST	1515 JOSEPHINE ST	KEY WEST, FL 33040
D	BEN HARRISON	827 WHITE ST	KEY WEST, FL 33040
			700081433427 11/01/06--01041--015 **236.25

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:

Jill Wolfe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/30/06 305 293-0060
Daytime Phone #