

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 13 PM 5:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N19527

1. Corporation Name

SHEFFIELD M CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

%WILLIAM J. POGGIO
SHEFFIELD APARTMENT M-306
W. PALM BEACH FL 33417

Mailing Address

%WILLIAM J. POGGIO
SHEFFIELD APARTMENT M-306
W. PALM BEACH FL 33417



100008966611
11/13/02--01046--015 **61.25

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

314 SHEFFIELD
Suite, Apt. #, etc.

APARTMENT M 314
City & State

W.P.B. FLA
Zip

33417 USA

3. New Mailing Office Address, If Applicable

314 SHEFFIELD
Suite, Apt. #, etc.

APARTMENT M. 314
City & State

W.P.B. FLA
Zip

33417 USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/04/1987

5. FEI Number

59-2389387

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	GAUYIN, JOSEPH L	314 SHEFFIELD M	WEST PALM BEACH FL 33417
VPD	CARROLL, WILLIAM	311 SHEFFIELD M	W. PALM BEACH FL 33417
TD	ELSIE GRABOIS	SHEFFIELD M303	W. PALM BEACH FL
D	CUNNINGHAM, JACK	300 SHEFFIELD M	WEST PALM BEACH FL 33417
D	WEBBER, DAVID	SHEFFIELD M-309	W. PALM BEACH FL
VPD	LINDNER, GOLDIE	298 SHEFFIELD M	W. PALM BEACH FL 33417

8. Name and Address of Current Registered Agent

GAUYIN, JOSEPH L
314 SHEFFIELD M
W. PALM BEACH FL 33417

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/31/02

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH L. GAUYIN

Date

10/31/02 54-242-8888

Daytime Phone #

CR2E040 (8/02)

SHEFFIELD M ASSOCIATION


To Whom It May Concern:

We the board of directors of Sheffield M. Association hereby request a waiver of the \$175.00 (One Hundred Seventy Five Dollars) the reinstatement fee for our incorporation #N19527 for the following reasons.

1. Our association President moved out of state.
2. We didn't receive a renewal notification for our incorporation.

Enclosed is a check for \$61.25 as instructed by your representative on November 6, 2002.

Sincerely,


Joseph L. Gauvin
Pres.