

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N23909

1. Corporation Name

ATLANTIC EAST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

ATLANTIC EAST CONDOMINIUM
6170 A1A SOUTH
ST. AUGUSTINE FL ~~32084~~
US

6170-A1A SOUTH
6170 A1A SOUTH
ST. AUGUSTINE FL ~~32084~~

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

~~32080-7537~~

~~32080-7537~~

4. Date Incorporated or Qualified
To Do Business in Florida

12/16/1987

5. FEI Number

59-2858726

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	DUERSON, KEARNEY G SMITH, DAVID	5514 NW 40TH PL 6405 N.W. 18 th AVE	GAINESVILLE FL GAINESVILLE, FL 32605
PD	FRANKLIN, NICK	6170 A-1-A SOUTH	ST. AUGUSTINE FL, 32080-7537
JD D SD STD	NATURALE, VINCENT BEAN, RICHARD DETLEFS, MYRA	6170 A1A SOUTH 6170 A1A SOUTH 6170 A1A SOUTH	ST AUGUSTINE FL 32084 ST AUGUSTINE FL 32080 ST AUGUSTINE FL 32080-7537
VD	NELSON, JOHN CHRISTIAN, MARGARET	6170 A1A SOUTH 5716 NW 62nd COURT	ST AUGUSTINE FL 32084 GAINESVILLE, FL 32653

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GOCHMAN, JOHN
6170 A1A S
ST AUGUSTINE FL 32084
FRANKLIN, NICK
6170 A1A SOUTH #316
ST. AUGUSTINE, FL
32080-7537

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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.

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-12/10/01--01102--013

***236.25 ***236.25

Date 11-7-01

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-6-01

904-460-1010