PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 FEB -1 PM 1:54

DOCUMENT # **N36459**

1. Corporation Name

ANDOVER C CONDOMINIUM ASSOCIATION INC. OF WEST P ALM BEACH

Principal Place of Business	Mailing Address
~~78 ANDOVER C~~ ~~C/O BENJAMIN FRIEDMAN~~ ~~WEST PALM BEACH FL 33417-2652~~ ~~US~~	C/O SCHECHTEL. FRANCES 55 ANDOVER "C" WEST PALM BEACH FL 33417-2649 US

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

REINSTATEMENT 01-02

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
55 Andover C	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 02/05/1990

5. FEI Number: 59-1637925 ☐ 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
T	~~RADOWSKY, MONA~~ GLORIA VENTRA	~~53 ANDOVER C~~ 68 Andover C	W. PALM BEACH FL 33417
S	~~SALTZBERG, GEORDA~~ ?	~~58 ANDOVER CT~~	WEST PALM BEACH FL 33417
~~V~~ VP	KOSLOWSKY, GEORGE	66 ANDOVER C	WEST PALM BEACH FL 33417
~~T~~ T	CASOCCIO, ANTHONY	65 ANDOVER C	WEST PALM BEACH FL 33417
D	KAHN, ELAIN E	54 ANDOVER C	WEST PALM BEACH FL 33417
P	SCHECHTEL, FRANCES	55 ANDOVER C	W. PALM BEACH FL 33417

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
SCHECHTEL, FRANCES 55 ANDOVER C WEST PALM BEACH FL 33417-2649	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State / Zip Code: FL

200004188320214
-02/06/02--01061--006
****297.50 ****297.50

CR2E040(8/01)

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.

$ 297.50

Frances Schechtel Pres

Signature of Registered Agent _____ Date JAN 28 2002

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: FRANCES SCHECHTEL Frances Schechtel 1/28/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #