

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra L. Hamm
Secretary of State
DIVISION OF CORPORATIONS

96-98

NOT PROPOSED
AND
FILED

1998 FEB 13 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N23327 W98-1178
1. Corporation Name
THE PALMS ON THE CREEK CONDO-
MINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
2370 NE 135 ST #406
NORTH MIAMI, FL 33181

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		4. Date Incorporated or Qualified To Do Business in Florida 11/04/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0175038/ Applied For Not Applicable	
City & State		City & State		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip	Country	Zip	Country		

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P-D	ERICA GRUSKIN	2370 NE 135 ST #406	NORTH MIAMI, FL 33181
V-D	JOSE R. BOSCHETTI	2901 SW 8 ST #204	MIAMI, FL 33135
S-D	ISABEL POLO	2370 NE 135 ST #306	NORTH MIAMI, FL 33181
T-D	MAURICIO MARTINEZ	2370 NE 135 ST #404	NORTH MIAMI, FL 33181

REINSTATEMENT

8. Name and Address of Current Registered Agent

JOSE R. BOSCHETTI
2901 SW 8 ST #204
MIAMI, FL 33135

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc. 300002433163
City 02/17/98-01088-002
FL 367.50

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.

Signature of Registered Agent REGISTERED AGENT MUST SIGN

Date 1/5/98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. I certify that I am an officer or director of 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 TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/98 (305)5417150

CR2E040 (12/96)