

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 732845**

1. Corporation Name  
**THE LANDS OF THE PRESIDENT CONDOMINIUM  
EIGHT-B ASSOCIATION, INC.** *WPA-14445*

Principal Place of Business Mailing Address  
**2520 PRESIDENTIAL WAY, APT #203  
WEST PALM BEACH, FL 33401**

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

**REINSTATEMENT** *88-99*

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <i>MAY-27-1975</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <i>65-6642041</i>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
<i>(PRESIDENT)</i>	<i>PAUL M. COHEN</i>	<i>2520 PRESIDENTIAL WAY #203</i>	<i>WEST PALM BEACH, FL 33401</i>
<i>DIRECTOR</i>	<i>JOHN BUONOCORE</i>	<i>2520 PRESIDENTIAL WAY #105</i>	<i>WEST PALM BEACH, FL 33401</i>
<i>DIRECTOR</i>	<i>GLORIA BERKOWITZ</i>	<i>2520 PRESIDENTIAL WAY #103</i>	<i>WEST PALM BEACH, FL 33401</i>
<i>SEC.</i>	<i>DORIS COHN</i>	<i>2520 PRESIDENTIAL WAY #104</i>	<i>WEST PALM BEACH, FL 33401</i>
			<i>ILS</i>
		<i>600002953266--4</i>	
		<i>-08/06/99--01089--011</i>	
		<i>***910.00 ***910.00</i>	

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name *PAUL COHEN*  
Street Address (P.O. Box Number is Not Acceptable)  
*2520 PRESIDENTIAL WAY*  
Suite, Apt. #, Etc.  
*APT. #203*  
City *WEST PALM BEACH* State *FL* Zip Code *33401*

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 *Paul Cohen*  
REGISTERED AGENT MUST SIGN

Date *6-17-99*

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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

*PAUL COHEN*

*6/17/99* Date

*(561)684-5340* Daytime Phone #

CR2E081 (12/98)