


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION <b>REINSTATEMENT</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 24 PM 4:06

DOCUMENT # **724325**

1. Corporation Name

**SHOREHAM CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**125 SHORE COURT  
NORTH PALM BEACH FL 33408**

**125 SHORE COURT  
NORTH PALM BEACH FL 33408**



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

**09/12/1972**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**59-1685895**

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
1	2	3	4
PD	ROBBINS, LARRY	1411 KILGORE LANE	LAKE WORTH FL 33460
VPD	PEREZ, MARCO	125 SHORE COURT	N.PALM BEACH FL 33408
TD	ZAİKANTE, EVELYN	125 SHORE COURT	N.PALM BEACH FL 33408
SD	LODGE, MILDRED	125 SHORE CT	N PALM BEACH FL 33408
BMD	KULORUIK, PAUL	740 WESTWARD DR.	N. PALM BEACH FL 33408

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**PEREZ, MARCO  
125 SHORE COURT  
NORTH PALM BEACH FL 33408**

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.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

**Marco Perez, V.P.**

Date

**10-17-01**

(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

**Evelyn Zaikante**

Date

**10-17-01**

Daytime Phone #

**561  
845-6804**

CR2E040 (8/01)

*The Shoreham*  
*Condominium Apartments*

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125 SHORE COURT

NORTH PALM BEACH, FLORIDA 33408

October 17, 2001

State of Florida  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

RE: Shoreham Condominium Assoc, Inc.  
125 Shore Court  
North Palm Beach, Fl. 33408

Gentlemen:


We are enclosing Application for Reinstatement with our check in the amount of \$61.25 for the fee.

We did not receive any previous notices and when I called your telephone number, it requested we send the normal fee with this statement.

If you have any questions, please call myself at (561) 863-8346 or our Treasurer, Evelyn Zaikarite at (561) 845-6804. Obviously, you may write to the Association's address.

Thank you for your kind attention.

Sincerely,



Marco Perez  
Vice President

enclosures