

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 FEB -5 PM 3:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N02000006404

## 1. Corporation Name

Atlantic Grove Condominium Association

REINSTATEMENT 03-04

## 2. Principal Office Address

398 NE 6th Ave

## 3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Delray Beach, FL

City &amp; State

Zip

33483

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida5. FEI Number  
74-3061306

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required  
for a Certificate of Status

01-12-04 01004 013 \$245.00 - \$112.50

## 7. Name and Address of Current Registered Agent

Name

Alan Gabriel // Katz, Barron, Squittero &amp; Faust, PA

Street Address (P.O. Box Number is Not Acceptable)  
100 NE 3 Ave. Ste 280

Suite, Apt. #, Etc.

City

Ft Lauderdale

State  
FLZip Code  
33301

## 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Date

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	Timothy Hernandez	398 NE 6th Ave.	Delray Beach, FL 33483
Sec	Gabrielle Ortner	398 NE 6th Ave	Delray Beach, FL 33483

\*REI fee waived. Report submitted timely in 2003 but was lost in the mail. SA

10. 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)(f), 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 #

CCE0001 (01/04)