

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742188

1. Corporation Name

Greencroft Condominium Assoc., Inc

2. Principal Office Address

4983 Ringwood Meadow

Suite, Apt. #, etc.

City & State

Sarasota FL

Zip

34235

Country

U.S.A.

3. Mailing Office Address

4983 Ringwood Meadow

Suite, Apt. #, etc.

City & State

Sarasota FL

Zip

34235

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

3/24/78

5. FEI Number

59-1724685

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name

PAMI Management Inc

Street Address (P.O. Box Number is Not Acceptable)

4983 Ringwood Meadow

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34235

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

Brenda Eckert

REGISTERED AGENT MUST SIGN

Date

1-20-04

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
Pres.	Anthony Dalsimer	4917 Greencroft Rd	Sarasota, FL 34235
Treas.	Beth Kellett	4983 Greencroft Rd	Sarasota, FL 34235
Sec.	Herb Welsh	4923 Greencroft Rd.	Sarasota, FL 34235

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

1/23/04

Daytime Phone #

FILED

04 FEB 11 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 00-04

CR2003 (01/02)