

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 MAY 27 PM 2:46

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # 710578

1. Corporation Name

Greenway Village Association No.
One, Inc. A Condominium Association

2. Principal Office Address - No P.O. Box #

60 EAST COURT

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Royal Palm Beach

City & State

FL

Zip

33411

Country

Palm Bch.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1966-67

5. FEI Number

591205212

☐ 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

Ronald Pick

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

140 West Court

Suite, Apt. #, Etc.

City

Royal Palm Bch.

State

FL

Zip Code

33411

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

Ronald Pick

Date

4/15/11

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
Pres.	Ronald Pick	140 West Court	Royal Palm Bch. 33411
Treas.	Jonnie DeBole	132 West Court	" " " "
Sec.	Wil Holland	73 East Court	" " " "
VP	Ernest Washington	43 East Court	" " " "
B	Sherry Fletcher	81 East Court	" " " "
B	Troy Bailes	102 West Court	" " " "

10. E-mail Address:

NON-@twinkletoes.146@ATT.net

(To be used for future annual report notification)

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, I further certify, 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:

Ronald Pick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/11/11 561-254-4866

Daytime Phone #