

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 239762

1. Corporation Name

TYLER CO-OP APARTMENTS, INC

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

3533 TYLER ST

3. Mailing Office Address

3525 TYLER ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#7 (BAYVIEW)

City & State

HOLLYWOOD FL.

City & State

HOLLYWOOD FL.

Zip

33021

Country

USA

Zip

33021

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified

To Do Business in Florida 08/26/1960

5. FEI Number

591026487

☐ 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

Becker & Poliakoff, P.A.

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

625 North Flagler Drive

Suite, Apt. #, Etc.

7th Floor

City

West Palm Beach

State

FL

Zip Code

33401

600237035196  
07/02/12--01033--005 \*\*1050.00

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

Robert W. Falbot Esq. for Becker & Poliakoff, P.A.

Date

6/20/12

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.	ROBERT W. FALBOT	3525 TYLER ST #10	HOLLYWOOD FL. 33021
V. PRES.	IVONNE PEREZ	3525 TYLER ST #20	HOLLYWOOD FL. 33021
SECT.	CARMEN BAITONE	3525 TYLER ST #7	HOLLYWOOD FL. 33021
	S. HAWKES		
	JUN - 2012		

REINSTATEMENT

2010 - 12

10. E-mail Address:

EXAMINER

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Robert W. Falbot

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-15-12

Daytime Phone #

FILED  
12 JUN 29 PM 2:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA