

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 717279</b> 1. Entity Name <b>KING'S WAY CONDOMINIUM APTS. #1, INC.</b>			
Principal Place of Business <b>2905 PIERCE ST #3 HOLLYWOOD, FL 33020 US</b>		Mailing Address <b>STATE REALTY</b> <del>5505 PIERCE ST</del> <b>5505 PEMBERGERD</b> <del>#3</del> <b>HOLLYWOOD, FL 33020 US</b>	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country	
4. FEI Number <b>59-2295979</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>STATE REALTY 5505 PEMBROKE RD HOLLYWOOD, FL 33021</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	T WOOD, LAWRENCE	TITLE	
NAME		NAME	
STREET ADDRESS	2905 PIERCE ST #3	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	CITY-ST-ZIP	
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	P ORTEGA, JOSE	TITLE	
NAME		NAME	
STREET ADDRESS	2905 PIERCE ST #10	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S KRUPNICK, LUCILLE	TITLE	D
NAME		NAME	John Perera
STREET ADDRESS	2905 PIERCE STREET #17	STREET ADDRESS	2905 Pierce St #2
CITY-ST-ZIP	HOLLYWOOD, FL 33020	CITY-ST-ZIP	Hollywood FL 33020
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		TITLE	D
NAME		NAME	Jean Glanis
STREET ADDRESS		STREET ADDRESS	2905 Pierce St #9
CITY-ST-ZIP		CITY-ST-ZIP	Hollywood FL 33020
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		TITLE	D
NAME		NAME	Bice Weaver
STREET ADDRESS		STREET ADDRESS	2905 Pierce St #10
CITY-ST-ZIP		CITY-ST-ZIP	Hollywood FL 33020
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		TITLE	D
NAME		NAME	Tony Hornesley
STREET ADDRESS		STREET ADDRESS	2905 Pierce St #15
CITY-ST-ZIP		CITY-ST-ZIP	Hollywood FL 33020
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
		Date	Daytime Phone #

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT** 07-08

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