

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 APR 27 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **718283**

1. Corporation Name

OXFORD CONDOMINIUM APARTMENT ASSOCIATION INC.
CUNY VILLAGE - NORTH DRIVE
WEST PALM BEACH, FL. 33417

2. Principal Office Address

107 OXFORD 100

Suite, Apt. #, etc.

107

City & State

WEST PALM BEACH FL. 33417

Zip

Country

PALM BEACH 33417-1411 PALM BEACH

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

REINSTATEMENT 97-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-1514510

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

WILLIAM L. MC CLOSKEY

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

c/o SEARCY SERVICES INC

Suite, Apt. #, Etc.

3700 GEORGIA AVE

City

WEST PALM BEACH, FL

State
FL

Zip Code
33405

500003245065-7

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******420.00 ****420.00**

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **4/6/00**

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
V.P.	Mildred Goldstein (10)	104 Oxford 100	West Palm Beach Fl. 33417
Treas.	Mortimer Lyons	107 Oxford 100	West Palm Beach Fl. 33417
Secy	Edith Charnoff	103 Oxford 100	West Palm Beach Fl. 33417
Pres.	Henry Grossman	105 Oxford 100	West Palm Beach Fl. 33417
	Henry Grossman D.	105 Oxford 100	W.P.B. FL 33417

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)(i), 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: **X**

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2000
Date

(561) 712-1518
Daytime Phone #