

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

02 SEP 24 AM 11:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

Association of Golden Glades Condominium Club, Inc.

400008024194--2  
-09/25/02--01080--019  
\*\*\*\*665.00 \*\*\*\*665.00

**2. Principal Office Address**

1250 E. Hallandale Beach Blvd.

**3. Mailing Office Address**

1250 E. Hallandale Beach Blvd.

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

City & State

Hallandale, Florida

City & State

Hallandale, Florida

Zip

33009

Country

USA

Zip

33009

Country

USA

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

03/05/1970

**5. FEI Number**

591-35-5466

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** 95-02

**7. Name and Address of Current Registered Agent**

Name

Ferrell Group Corporate Services, L.L.C.

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

201 S. Biscayne Blvd.

Suite, Apt. #, Etc.

Miami Center, 34th Floor

City

Miami

State  
**FL**

Zip Code

33131

**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

*Shari E. Nott, Asst. Secretary of Ferrell Group Corporate Services, LLC*  
REGISTERED AGENT MUST SIGN

Date

9/19/02

**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
P/D	Brenda Nestor	1250 E. Hallandale Bch Blvd. Ste. 300	Hallandale, Florida 33009
T/D	Melvin Colvin	1250 E. Hallandale Bch Blvd. Ste. 300	Hallandale, Florida 33009
S/D	Blanche Launer	1250 E. Hallandale Bch Blvd. Ste. 300	Hallandale, Florida 33009

**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 s on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

**SIGNATURE:**

*Brenda Nestor*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/19/02

Date

954-458-4343

Daytime Phone #

9/24/02