

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAY 17 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 721130

1. Corporation Name

LANDS OF THE PRESIDENT CONDO ONE INC

W-12183

2. Principal Office Address

Presidential Way

Suite, Apt. #, etc.

3. Mailing Office Address

2845 N. Military TR #17

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

West Palm Beach FL

33409

Palm Beach

REINSTATEMENT

95.00

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

SP

5. FEI Number

59-1391375

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

Continental Properties, Inc.

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

2845 N. Military Trail, Suite 17

West Palm Beach, Florida 33409

Suite, Apt. #, Etc.

City

200003284392-0

State: 06712400-01024-008

FL ***551.25 ***551.55

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0805 or 617.0503, F.S.

Signature of
Registered Agent

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	JACK DILLON	1731 Presidential Way 103	WPA FL 33401
MGR	HANNA SHANE	1731 Presidential Way 102	WPA FL 33401
OFFICE	Beverly Spark	1731 Presidential Way 203	WPA FL 33401
Director	Andrea Levinson	1823 Presidential Way 201	WPA FL 33401
Director	Sornie Sussel	1901 Presidential Way 201	WPA FL 33401

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jack H. Dillon

4-27-2000