

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2018 JAN 19 AM 8:18

SECRETARY OF STATE  
CORPORATIONS DIVISION

DOCUMENT # 726068

1. Corporation Name

Green Terrace Condominium Association, Inc.

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

2800 Georgia Avenue

Suite, Apt #, etc.

City & State

West Palm Beach, FL

Zip

33405

Country

USA

3. Mailing Office Address

c/o Davenport Prof Prop Mgmt LLC

Suite, Apt #, etc

6620 Lake Worth Rd, Suite F

City & State

Lake Worth, FL

Zip

33467

Country

USA

900808121939  
01/13/18--01035--018 \*\*236.25

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida  
04/09/1973

5. FEI Number

59-1498838

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

Robert C. Furr, Trustee

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

c/o FurrCohen, PA, 2255 Glades Rd

Suite, Apt #, Etc

Suite 337W

City

Boca Raton

State

FL

Zip Code

33431

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]*

Date January 18, 2018

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
D	Deborah Marks	6620 Lake Worth Rd, Ste F	Lake Worth, FL 33467
D	Jonathan Politano	6620 Lake Worth Rd, Ste F	Lake Worth, FL 33467
P	Frank Kudrna	6620 Lake Worth Rd, Ste F	Lake Worth, FL 33467
D	Angie Jimenez	6620 Lake Worth Rd, Ste F	Lake Worth, FL 33467
D	Aristides Arrieta	6620 Lake Worth Rd, Ste F	Lake Worth, FL 33467

**REINSTATEMENT**

JAN 19 2018

10. E-mail Address: rfurr@furrcohen.com

**R. HUNT**

(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:

*[Signature]*

1/18/2018

561-395-0500

Date

Daytime Phone #