

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 NOV 24 PM 3:13

DOCUMENT # **726071**

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

1. Corporation Name

EMERALD ISLES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4524 S.W. 54TH STREET
 #505
 FT LAUDERDALE FL 33314

4524 S.W. 54TH STREET
 #505
 FT LAUDERDALE FL 33314



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

~~3907 N Federal Hwy~~
~~#177~~
Pompano Beach, FL
33064 **USA**

4. Date Incorporated or Qualified To Do Business in Florida

04/10/1973

5. FEI Number

59-1631333

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	DELOSRIOS, ADA	4520 SW 54 STREET	DANIA BCH. FL 33314
VD	GUITAR, BILLY	2630 N. 72 WAY	HOLLYWOOD FL 33024
SD	PALMER, GWN	4528 SW 54 STREET, #401	DANIA BCH. FL 33314
T	QUILLON, JENNIFER	4524 SW 54 STREET, #603	DANIA BCH. FL 33314

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RYAN, JEAN
 4524 SW 54 ST
 #501
 FT LAUDERDLAE FL 33314

Name Palmer, Gwen
 Street Address (P.O. Box Number is Not Acceptable) 4528 SW 54 ST, # 401
 Suite, Apt. #, Etc. 401
 City Dania Beach State FL Zip Code 33314

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent Gwen Palmer

Date 11/13/03

REGISTERED AGENT MUST SIGN

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., 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: Gwen Palmer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/03
 Date

Daytime Phone #

CPRE040 (7/03)