

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 728067

1. Corporation Name

DURHAM "L" CONDOMINIUM ASSOCIATION, INC.

600344288096
05/05/20--01019--010 **238.25

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

377 DURHAM L

Suite, Apt. #, etc.

3. Mailing Office Address

C/O SEACREST SERVICES, INC.

Suite, Apt. #, etc.

2101 CENTREPARK W #110

CR2E081 (11/10)

City & State

DEERFIELD BEACH, FL

City & State

WEST PALM BEACH, FL

Zip

33442

Country

Broward

Zip

33409

Country

Palm Beach

4. Date Incorporated or Qualified
To Do Business in Florida

11/15/1973

5. FEI Number

59-1906029

☐ 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

Law Office of J.M. Cunha P.A

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

601 Heritage Dr

Suite, Apt. #, Etc.

424

City

Jupiter

State

FL

Zip Code

33458

20 MAY -5 AM 8:3

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

Date **4/26/2020**

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
P	POWER, WILLIAM	377 DURHAM L	DEERFIELD BEACH FL 33442
S,T	MCCLUNEY, TERRY W	376 DURHAM L	DEERFIELD BEACH FL 33442
VP	LAPOINTE, ALEXANDER	388 DURHAM L	DEERFIELD BEACH FL 33442

MAY 05 2020

[Signature]

10. E-mail Address: **accounting@jennifercunhalawoffice.com**

(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: *Terry McCluney*

Terry McCluney

Terry McCluney

4/26/2020

561-231-0640

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #