

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL -9 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 130644

1. Corporation Name

SAN REMO TOWNHOUSES CONDOMINIUM
ASSOCIATION, INC

REINSTATEMENT 97-04

500038851965
07/08/04--01004--026 **\$665.00

2. Principal Office Address

1016 OCEAN DR

Suite, Apt. #, etc.

3. Mailing Office Address

1016 OCEAN DR.

Suite, Apt. #, etc.

City & State

JUNO BEACH, FL

Zip

33408

Country

USA

City & State

JUNO BEACH, FL

Zip

33408

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/11/1974

5. FEI Number

650094148

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

JOHN L. KRONA

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

1016 OCEAN DR.

Suite, Apt. #, Etc.

City

JUNO BEACH

State
FL

Zip Code

33408

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

John L. Krona
REGISTERED AGENT MUST SIGN

Date 28 APRIL 2004

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	MARY JEAN TEACHMAN	1008 OCEAN DR.	JUNO BEACH, FL 33408
V	JERRY CALLAGHAN	1010 OCEAN DR.	JUNO BEACH, FL 33408
ST	JOHN L. KRONA	1016 OCEAN DR.	JUNO BEACH, FL 33408

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

John L. Krona
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 APRIL 2004 694-2677

Date

Daytime Phone #

CR2E081 (01/04)