

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JUL 26 AM 10:42

DOCUMENT # 740867

1. Corporation Name

The 2600 Condominium Association, Inc.

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

2600 S. Ocean Blvd.

3. Mailing Office Address

2600 S. Ocean Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Beach, FL 33480

City & State

Palm Beach, FL 33480

Zip

33480

Country

USA

Zip

33480

Country

USA

REINSTATEMENT

09-10 B 7/27/10

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

11/23/1977

5. FEI Number

59-1786102

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

Kenneth L. Direktor

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

625 N Flagler Dr.

Suite, Apt. #, Etc.

7th Floor

City

West Palm Beach

State

FL

Zip Code

33401

700183689367
07/26/10--01050--011 **306.25

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of
Registered Agent

Kenneth S. Direktor

Date 7/21/10

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	Esther Landsman	2600 S. Ocean Blvd.	Palm Beach, FL 33480
VP	Irving Baron	"	"
Trea	Harold Brownstein	"	"
Sec	Lisa Hollinger	"	"
Mgr	Hector Pintos	"	"

10. E-mail Address: 2600condo@bellsouth.net

(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 807 or 817, 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 807.0401 or 817.0401, F.S., 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.

SIGNATURE:

Hector Pintos HECTOR PINTOS 6/25/10 5615853189

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #