

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

08 SEP 22 PM 12:12

DOCUMENT # 742455

**1. Corporation Name**

Northampton L Condominium Association,  
Inc.

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

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Office Address**

46 Seacrest Services Inc

Suite, Apt. #, etc.

2400 Centrepark W Dr #175

City & State

West Palm Beach FL

Zip

33409

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

1983

**5. FEI Number**

59-1638733

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

Arnold Danoff

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

234 Northampton L

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33417

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**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

*Arnold Danoff*

Date

9/15/2008

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/T	Arnold Danoff	234 Northampton L	West Palm Beach FL 33417
VP	Mary Ellis	236 Northampton L	West Palm Beach FL 33417
D	Elsie Schneider	238 Northampton L	West Palm Beach FL 33417
D	Jean Tulp	233 Northampton L	West Palm Beach FL 33417

600136163586

09/19/08--01054--002 \*\*358.75

**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 contained in Chapter 119, 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:**

*Arnold Danoff*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/15/2008

Date

561-683-7938

Daytime Phone #