

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742795

1. Corporation Name

Somerset I Condominium Association, Inc

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

178 Somerset I

Suite, Apt. #, etc.

3. Mailing Office Address

2400 Centrepark W. Dr.

Suite, Apt. #, etc. 175

City & State

West Palm Beach FL

City & State

West Palm Beach FL

Zip

33417

Country

Palm Beach

Zip

33409

Country

Palm Beach

7. Name and Address of Current Registered Agent

Name

Pat Avakian

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

178 Somerset I

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33417

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

REGISTERED AGENT MUST SIGN

Date

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	Pat Avakian	178 Somerset I	West Palm Beach FL 33417
VP	Kathy Machurek	172 Somerset	West Palm Beach FL 33417
T	John Odoardo	177 Somerset I	West Palm Beach FL 33417
S	Estelle Stepler	176 Somerset I	West Palm Beach FL 33417
D			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pat Avakian

3/14/2007

Date

561-689-3176

Daytime Phone #

FILED

07 MAR 15 AM 11:01

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

400093256284
03/16/07--01017--003 **183.75

REINSTATEMENT 05-07

CR2E081 (1/07)

03-15-07 01006 001 \$131.25

4. Date Incorporated or Qualified
To Do Business in Florida

5/8/1978

5. FEI Number

59-1636187

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.