

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 MAY 17 PM 3:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 744014

1. Corporation Name

The Maison Trois Condominium Association, Inc.

2. Principal Office Address

400 Chilean Avenue

Suite, Apt. #, etc.

City & State

Palm Beach, FL

Zip  
33480

Country  
U.S.A.

3. Mailing Office Address

2560 Inisbrook Road

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip  
33407

Country  
U.S.A.

**REINSTATEMENT**

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

8/22/1978

5. FEI Number

59-1858645

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

Frederick C. Heidgerd, P.A.

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

600 W. Hillsboro Blvd.

Suite, Apt. #, Etc.

Suite 520

City

Deerfield Beach

State  
FL

Zip Code  
33441

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

*[Signature]*

Date

5/31/06

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
PDT	Lois Bass	P.O. Box 2215	Bridgehampton, NY 11932

000077349080  
07/11/06--01040--009 \*\*1583.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lois Bass

Date

5/25/06

Daytime Phone #

631-697-9323