PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

17 SEP 29 AM 10:07

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 745505

1. Corporation Name
PALM TRAIL PLACE CONDOMINIUM ASSOCIATION, INC.

2. Principle Office Address - No P.O. Box #		3. Mailing Office Address	
801 Palm Trail		1515 S. Federal Hwy.	
Suite, Apt. #, etc		Suite, Apt. #, etc	
Unit #7		Suite 106	
City & State		City & State	
Delray Beach, FL		Boca Raton, FL	
Zip	Country	Zip	Country
33483	U.S.A.	33432	U.S.A.

CR2EC61 (11/15)

4. Date Incorporated or Qualified To Do Business in Florida: 01/10/1979

5. FEI Number: 82-2481877 ☐ 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: Robert I. MacLaren II

Street Address (P.O. Box Number is Not Acceptable): 1515 South Federal Highway

Suite, Apt. #, Etc: Suite 106

City	State	Zip Code
Boca Raton	FL	33432

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09/29/17--01001--020 **2618.75

8. I, being appointed the registered agent of the above-referenced corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Robert I. MacLaren II Date: 28 SEPTEMBER 2017

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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
S, D	Claudia Hehner	801 Palm Trail #7	Delray Beach, FL 33483
T, D	Steve Kessel	801 Palm Trail #9	Delray Beach, FL 33483
VP,D	John Bamby	801 Palm Trail #8	Delray Beach,FL 33483

REINSTATEMENT
1982 - 2017

10. E-mail Address: RIM2@osbornepa.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: STEVEN G. KESSEL 8/16/17 3029281565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #