

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 SEP -4 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 747277

1. Corporation Name 1125 Old Dixie Condominium Building Association, Inc.

2. Principal Office Address
1125 Old Dixie Hwy

3. Mailing Office Address
1125 Old Dixie Hwy

Suite, Apt. #, etc.
#9

Suite, Apt. #, etc.
#9

City & State
Lake Park, FL

City & State
Lake Park, FL

Zip Country
33403 Palm Beach

Zip Country
33403 Palm Beach

REINSTATEMENT 80-01

4. Date Incorporated or Qualified To Do Business in Florida 5-21-1979

5. FEI Number 59-1973899 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
Karen Stedman

Street Address (P.O. Box Number is Not Acceptable)
3931 RCA Blvd.,

200004579372-4

Suite, Apt. #, Etc.
Suite 3101

09/11/01 01001 010
***1522.50 ***1522.50

City
Palm Beach Gardens

State Zip Code
FL 33410

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 *Karen Stedman*

Date 8/24/01

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. ^D	Leonard J. Kasper Jr.	1125 Old Dixie Hwy #9	Lake Park, FL 33403
V.P. ^D	Chris Jones	1125 Old Dixie Hwy #2	Lake Park, FL 33403
Sec. ^D	Jan Seldow	1125 Old Dixie Hwy #3	Lake Park, FL 33403

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 under section 119.07(3)(i), 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: *Leonard J. Kasper Jr.* Leonard J. Kasper Jr. 8-21-01 561-845-1660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)