

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 30 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 749506

1. Corporation Name

One Thirty Five Shore Court
Condominium Association, Inc.
135 Shore Ct.
North Palm Beach, FL 33408

REINSTATEMENT 03-04

2. Principal Office Address

% Olivia Krage
Suite, Apt. #, etc.

106 Dory Rd. S.
City & State

North Palm Beach, FL

Zip

33408

Country

USA

3. Mailing Office Address

% Olivia Krage
Suite, Apt. #, etc.

106 Dory Rd. S.
City & State

North Palm Beach FL

Zip

33408

Country

USA

000031356620
03/29/04--01097--001 ***61.25

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

Olivia Krage

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

106 Dory Rd. S.

Suite, Apt. #, Etc.

City

N. Palm Beach

State

FL

Zip Code

33408

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

Olivia Krage

REGISTERED AGENT MUST SIGN

Date

3/24/04

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/D	Jerry Krage	106 Dory Rd. S.	FL 33408 North Palm Beach
VP/D	Donald Clemens	237 Castlewood Drive Suite 1	North Palm Beach FL 33408
S/D	Sandy Fries	301 Lake Shore Dr. Apt 302	Lake Park, FL 33403
T/D	Olivia Krage	106 Dory Rd. S.	33408 North Palm Beach FL

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:

Olivia M. Krage

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561.626.4569
3/24/04 561.626.4569

FL DEPT OF STATE
March 24, 2004

AS PER MY PHONE CALL INQUIRY ABOUT OUR INACTIVE STATUS AS A CORPORATION, ALTHOUGH OUR ANNUAL REPORTS WERE FILED. I AM SENDING THE FOLLOWING THAT JASON, @ 850-245-6056 ON 3/24/04 @ 3:25PM, REQUESTED ME TO DO FOR MY CORPATION.

- (1.) I DIDN'T RECEIVE THE LETTER OF REJECTION FOR LAST YEAR'S ANNUAL REPORT.
- (2.) I'M ENCLOSING A REINSTATEMENT FORM, AS REQUESTED.
- (3.) AND ENCLOSING A CHECK FOR \$61.25 FOR THIS YEARS ANNUAL REPORT, 2004.

I HOPE THIS WILL COMPLETE OUR REQUIREMENT.

FOR 135 SHORE COURT CONDOMINIUM ASSOC, INC.

A handwritten signature in cursive script, reading "Olivia M. Krape". The signature is fluid and elegant, with a long, sweeping underline.

OLIVIA KRAPE, TREAS/D