PLEA	SE READ /	ALL INST	RUCTIONS	S BEFORE C	COMPLET	ING THISFOR	℀ℳⅎ	
APPLICATION FOR		FLORIDA		ENT OF STATE	i	AND FILE		
REINSTATEMEN	DIVISION OF CORPORATIONS			98 NOV 19 PM 1:08				
DOCUMENT # 749790 1. Corporation Name					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
GALT CONDOMINIUM ASSOCIATION, INC.								
Principal Place of Business	Mailing Address				II 81828 18 111 18818 1822 8811 812	IE Bibat Beber Glatt Beber Bigat tubi		
4007 N OCEAN BLVD FT. LAUDERDALE FL 33308	4007 N OCEAN BLVD FT. LAUDERDALE FL 33308							
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					REINS	TATEME	NT 98	
2. New Principal Office Address, If	New Mailing Office Address, If Applicable			4. Date incorporated or Qualified To Do Business in Florida				
Suite, Apt. #, etc.	Suite, Apt. #,	etc.		5. FEI Number Applied For				
City & State	City & State			65-0347492 Not Applicable				
Zip Country		Zip Country		ıy	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee require for a Certificate of Status			
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each								
Name of Officers Title(s) 1 Name of Officers and/or Directors 2 Street Addre Officer and/ 3 (Do NOT Use Post Of				fficer and/or Director se Post Office Box No	umbers)	City	/ State / Zip	
PD - TOTINO, JOHN	4007 N. OCEAN BLVD.			FT. LAUDERDALE FL 33308				
VPD TOTING, JOHN ROBERT A. KERWICK 4007 N. OCEAN BLVD.					FT. LAUDERDALE FL 33308			
STD TOTING, MARIA WILLIAM SHOWDEN 4007 N. OCEA				I BLVD.	FT. LAUDERDALE FL 33308			
					2000027019221. -12/03/9801067017 			
					DM W23			
8. Name and Address of Current Registered Agent Name					9. Name and Address of New Registered Agent			
α 11500 be consideration to α α α A A A A A A A					P.O. Box Number is Not Acceptable)			
%-AABCO R.E. CONSULTANTS INC: *** A. Cocar BLV 400 7 3435 GALT OCEAN DRIVE Suite, Apt. #, Etc					N. 00	EAN BLUL) ,	
FT. LAUDERDALE FL 33308					<u> </u>		State Zip Code	
10. I, being applointed the registered agent of the above pamed corporation, am familiar with and accept the obligations of Section 607.0505, F.S.								
Signature of Registered Agent REGISTERED AGENT MUST SEN Date 1/-/2-97								
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)								
12. 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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone #								