

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 NOV 17 AM 8:00

DOCUMENT # 751041

1. Corporation Name

Greynolds Townhomes Assoc. Inc

REINSTATEMENT 03

2. Principal Office Address

2324 NE 172 St

3. Mailing Office Address

2324 NE 172 St

Suite, Apt. #, etc.

40 BAKER

Suite, Apt. #, etc.

40 BAKER

City & State

N. Miami Bch. FL

City & State

N. Miami Bch. FL

Zip

33160

Country

U.S.A. - Dade

Zip

33160

Country

U.S.A. - Dade

100024739641  
11/17/03--01015--032 \*\*\$61.25

4. Date Incorporated or Qualified  
To Do Business in Florida

2/13/70

5. FEI Number

59-2366313

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

BERTHA BAKER

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

2324 NE 172 St

Suite, Apt. #, Etc.

City

N. Miami Bch.

State

FL

Zip Code

33160

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

Bertha Baker

Date

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
P/T	BERTHA BAKER	2324 N.E. 172 St	N. Miami Bch. FL 33160
P/T	Irma Robert BAKER	2324 N.E. 172 St	N. Miami Bch FL 33160
D	Julio Cabrera	2362 N.E. 172 St.	N. Miami Bch FL 33160

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: BERTHA BAKER  
Bertha Baker  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/2/03  
Date

Daytime Phone #

CR2E081 (10/02)