

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
WBR
Secretary of State
DIVISION OF CORPORATIONS
97-00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 25 AM 10:23

DOCUMENT # 751645

1. Corporation Name **Grove Gate Condominuim Association, Inc.**

2. Principal Office Address **MY HOME)**
Grayce Loy
3176 SW 27 Avenue #2

Suite, Apt. #, etc.

Miami, FL. 33133

City & State

Zip

Country

3. Mailing Office Address

SAME
Suite, Apt. #, etc. (only 6 CONDOS)

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida **3/20/80**

5. FEI Number
59-1995467

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

GRAYCE LOY

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

3176 SW 27 AVE.

Suite, Apt. #, Etc.

MIAMI, FL.
City

400003416434-9
-10/06/00--01009--009
******245.50 ****245.50**

State
FL

Zip Code
33133

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

Grayce Loy
REGISTERED AGENT MUST SIGN

Date

9/19/2000

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.			
& DIRECT	Tony Romano	3176 SW 27 AVE #6	Miami, FL. 33133
SEC & DIRECT.	Linda Brown	3945 Loquat Ave	" " "
Treasur			
& DIRECTOR	GRAYCE LOY	3176 SW 27 AVE #2	" " "

PLEASE NOTE: ONLY 6 Condos in Grove Gate - 2 do not make their Condo Fee Payments.
This is why Officers are also Directors.

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: **GRAYCE LOY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Grayce Loy

9/19/2000

Date

(305) 476-0361
Daytime Phone

AD

CR2E081 (9/99)