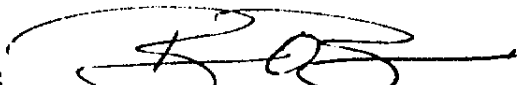


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS		FILED 09 SEP 23 PM 3:36 OFFICE OF THE CLERK OF THE FLORIDA DEPARTMENT OF STATE	
DOCUMENT # 751718 1. Corporation Name Northlake Harbor Condominium Assoc., Inc.					
Principal Place of Business 400 Northlake Court Unit # 308 North Palm Beach, FL 33408		Mailing Address Same			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 3-26-1980 5. FEI Number 59-2066349 6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required 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)					
1	2	3	4		
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
	Pres. D Brian P. O'Brien	400 Northlake Ct #103	North Palm Beach FL 33408		
	V. PD Ernest Amedee Jr.	400 Northlake Ct #107	North Palm Beach FL 33408		
	Secy/Treas D Mardi Prince	400 Northlake Ct #108	North Palm Beach FL 33408		
REINSTATEMENT			96-98 SL 9-28-98		
8. Name and Address of Current Registered Agent Last Registered Agent Ernest Amedee Jr 400 Northlake Ct #107 No. Palm Beach FL 33408			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 500002654795--5 Suite, Apt. #, Etc. -10/02/98--01094--011 ****367.50 ****367.50 City State FL Zip Code		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Ernest J. Amedee Jr. Date REGISTERED AGENT MUST SIGN					
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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			7-23-98 561-844-8855 Date Daytime Phone #		