PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 SEP 23 PM 3:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

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 | Applied For | Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres. D	Brian P. O'Brien	400 Northlake Ct # 103	North Palm Beach FL 33408
V. P D	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)
Suite, Apt. #, Etc.
City | State FL | Zip Code

500002654795--5
-10/02798--01094--011
****367.50 ****367.50

CR2E040 (1-98)

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. REGISTERED AGENT MUST SIGN Date

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

9-23-98 Date

561- 844-8855 Daytime Phone #