

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAY 29 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 753867

1. Corporation Name

WATERWAY TERRACE
CONDOMINIUM ASSOCIATION

2. Principal Office Address

300 GOLFVIEW ROAD

Suite, Apt. #, etc. #503

City & State

NO. PALM BEACH, FL.

Zip 33408

Country USA

3. Mailing Office Address

300 GOLFVIEW ROAD

Suite, Apt. #, etc. #503

City & State

NO. PALM BEACH, FL.

Zip 33408

Country USA

REINSTATEMENT 01-02

4. Date Incorporated or Qualified To Do Business in Florida

1982

5. FEI Number

59-2105717

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

BONNIE WALSKI

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

300 GOLFVIEW ROAD #503

Suite, Apt. #, Etc.

City

NORTH PALM BEACH

State

FL

Zip Code

33408

700005972897-5
-06/25/02--01047-023
****306.25 ****306.25

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

Bonnie Walski
REGISTERED AGENT MUST SIGN

Date 4/25/02

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.	RONALD DAWLEY	300 GOLFVIEW RD. #302	NO. PALM BEACH FL. 33408
VP	BONNIE WALSKI	300 GOLFVIEW RD. #503	NO. PALM BEACH FL. 33408
TREAS.	DIANE AGUILAR	300 GOLFVIEW RD. #405	NO. PALM BEACH FL. 33408
			236.25 -ADM
			61.25 TR
			8.75 -CERT

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:

Ronald E. Dawley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RONALD E. DAWLEY

4-25-02

Date

561-818-3264

Daytime Phone #

CR2E081 (9/01)