

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 JUL 30 AM 11:53

DOCUMENT # 760536

1. Corporation Name

Gulfview Apartments Condominium
Association Inc.

2. Principal Office Address - No P.O. Box #

113 SE 4th Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

113 SE 4th Avenue

Suite, Apt. #, etc.

City & State

Hallandale, Florida

Zip

Country

33009

USA

City & State

Hallandale, Florida

Zip

Country

33009

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10/21/1981

5. FEI Number

592321391

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

yes

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Kaye Bender Rembau, P.L.

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

1200 Park Central Boulevard South

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33069

700250264217
07/30/13--01017--010 **2143.75

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 7/25/2013

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	John Milohnich	133 SE 4 Ave, Apt 7	Hallandale, FL 33009
VP	Hector Miranda	713 NE 3rd St.	Hallandale, FL 33009
ST	Beata Faron	7 FoxFire Rd	Hollywood, FL 33021
D	Crystal Watts	4773 SW 34 Ave.	Fort Lauderdale, FL 33312
REINSTATEMENT 1982-2013			JUL 31 2013 EXAMINER

10. E-mail Address: BEAFARON@COMCAST.NET

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Beata K Faron

BEATA K FARON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/13

Date

Daytime Phone #

305-342-4497