

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 761094

1. Corporation Name

GONLYON INDUSTRIALISTS' CONDOMINIUM
ASSOCIATION, INC.

Principal Place of Business

7920 N.W. 67th Street
Miami, Florida 33166

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

7926 N.W. 67th Street

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33166

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

Feb. 3, 1982

5. FEI Number

XX

Applied For

Not Applicable

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
P/S	George Bosque	7926 N.W. 67th Street	Miami, Florida 33166
V/T	Juan Lopez	7924 N.W. 67th Street	Miami, Florida 33166
V	Lenny Booth	10834 N.W. 27th Street	Miami, Florida 33166

8. Name and Address of Current Registered Agent

Lenny Booth
7920 N.W. 67th Street
Miami, Florida 33166

9. Name and Address of New Registered Agent

Name
George Bosque
Street Address (P.O. Box Number is Not Accepted)
7926 N.W. 67th Street
Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33166

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

REGISTERED AGENT MUST SIGN

Date

4/29/99

11. This corporation owes 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(13)(b), 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

JORGE BOSQUE

4/9/99 (305)
593-2279

Date

Daytime Phone #

CR2E081 (12-98)