

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 AUG 10 AM 10:15

DOCUMENT # 763472

1. Corporation Name

The Peachtree Building Condominium Association Inc.

800004549368--3
-08/22/01--01086--003
****481.25 ****481.25

2. Principal Office Address

425 W. Colonial DR.

Suite, Apt. #, etc.

Suite 301

City & State

Orlando, FL

Zip

32804

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

REINSTATEMENT 92-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/28/1982

5. FEI Number

592998306

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

FRANK N. Anderson Jr.

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

425 W. Colonial DR

Suite, Apt. #, Etc.

Suite 301

City

Orlando

42000-Adm

61-25 AR

State

FL

Zip Code

32804

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 8-6-01

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
D.P.	Ralph Sanjurjo	425 W. Colonial Dr # 304	Orlando, FL 32804
D.V.	Austin Jones	425 W. Colonial Dr # 103	Orlando FL 32804
D.S.	Zella Wilen	P.O. Box 730184	Ormond Beach, FL 32173

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/01 407-8937802
Date Daytime Phone #

CR2E081 (9/00)