


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

102

01 SEP 17 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 764071 1. Corporation Name Governor's Manor Condominium Association, Inc.			
2. Principal Office Address		3. Mailing Office Address	
2937 SW 27th Street			
Suite, Apt. #, etc. Suite 303		Suite, Apt. #, etc.	
City & State Coconut Grove, FL		City & State	
Zip 33133	Country USA	Zip	Country

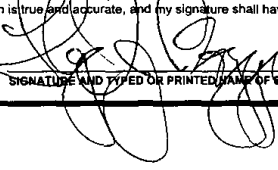
REINSTATEMENT

99-01

4. Date Incorporated or Qualified To Do Business in Florida	
July 7, 1982	
5. FEI Number	Applied For
59-2098510	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Lloyd Boggio	
Street Address (P.O. Box Number is Not Acceptable) 2937 SW 27th Street	
Suite, Apt. #, Etc. Suite 303	
City Coconut Grove,	State / Zip Code FL 33133

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		Date 9-12-01 LS	
REGISTERED AGENT MUST SIGN			
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	Lloyd Boggio	2937 SW 27th St., S-303	Coconut Grove, FL 33133
D/VP	Pat Howard	2937 SW 27th St., S-303	Coconut Grove, FL 33133
D	Nancy Marshall	2937 SW 27th St., S-303	Coconut Grove, FL 33133
000004594330-5			

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  Lloyd Boggio, President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	9/12/01 305-476-8118 Date Daytime Phone #



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ACCOUNT NO. : 072100000032
REFERENCE : 475727 4381472
AUTHORIZATION :
COST LIMIT : \$ 376.25

Katricia Pajut

ORDER DATE : September 17, 2001

ORDER TIME : 1:20 PM

ORDER NO. : 475727-005

~~XXXXXXXXXXXX~~

CUSTOMER NO: 4381472

CUSTOMER: Ms. Kristi Sullivan
Broad And Cassel, P.a.
Suite 1100
390 North Orange Avenue
Orlando, FL 32801

DOMESTIC FILINGS

NAME: GOVERNOR'S MANOR CONDOMINIUM
ASSOCIATION, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson
EXAMINER'S INITIALS _____

RECEIVED
01 SEP 17 PM 1:41
DIVISION OF CORPORATION