

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

02 JUL -2 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 765058

1. Corporation Name

Gulfstream Manor Condominium
Association, Inc.

800006273338--3

-07/09/02--01037--003

****297.50 ****297.50

REINSTATEMENT 01-02

2. Principal Office Address

3901 N. Ocean Blvd.

Suite, Apt. #, etc.

City & State

Gulfstream, FL

Zip

33483

Country

USA

3. Mailing Office Address

4960 Conference Way N.

Suite, Apt. #, etc.

Suite 100

City & State

Boca Raton, FL

Zip

33431

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/27/1982

5. FEI Number

592132073

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

Bluegreen Resorts Management - Tish Lehr

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

4960 Conference Way North

Suite, Apt. #, Etc.

Suite 100

City

Boca Raton

State

FL

Zip Code

33431

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

Patricia A. Lehr

Date 6-10-02

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
P	H. Duke Peters	9676 Heather Circle West	Palm Beach Gardens, FL 33410
V/D	Gerald Wheeler	5218 South Hampton Dr.	Springfield, VA 22151
S/T/D	Ed Johnson	1631 Emerald Cove Dr.	Cape Coral, FL 33991
D	Patricia Sullivan	4635 NW 44th Ct.	Tamarac, FL 33319

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

H. DUKE PETERS

Date

6-17-02 561-626-1460

Daytime Phone #

CR2E081 (9/01)