

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 AUG -8 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 765457

1. Corporation Name

PATIO BEACH CONDOMINIUM ASSOCIATION INC

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

303 GLEASON STREET

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

Zip

33483

Country

US

3. Mailing Office Address

303 GLEASON STREET

Suite, Apt. #, etc.

APT # 1

City & State

DELRAY BEACH, FL

Zip

33483

Country

US

000134596490
08/19/08--01020--006 **192.50
CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

10/20/1982

5. FEI Number
59-2374486

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

MICHAEL GELFAND

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

260 S AUSTRALIAN AVENUE - 1555 PALM BEACH LAKES BLVD 1220

Suite, Apt. #, Etc.

1010-1220

City

WEST PALM BEACH

State

FL

Zip Code

33401

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

8/5/08 RH

REINSTATEMENT

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
PRES	CHUCK LAWSON	303 GLEASON ST. # 1	DELRAY BEACH, FL 33483
VP	HEATHER MCKEON	303 GLEASON ST. # 3	DELRAY BEACH, FL 33483
TRES	GARY SCHULER	303 GLEASON ST. # 8	DELRAY BEACH, FL 33483
SECT	VAL FINE	303 GLEASON ST. # 5	DELRAY BEACH, FL 33483
DIR	JOHN STRASSWIMMER	303 GLEASON ST # 2	DELRAY BEACH, FL 33483
DIR	DEMARCO/SCHNEIDER	303 GLEASON ST # 4 & 9	DELRAY BEACH, FL 33483

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 contained in Chapter 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-2-08

Daytime Phone #

(904) 491-4519