

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

709640

1. Corporation Name

1104 Condominium Association, Inc.

Principal Place of Business

Mailing Address

1104 Highland Beach Drive
Highland Beach, FL 33431

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

1983

5. FEI Number (non profit)
not applicable

Applied For
Not Applicable

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PD	Matthews, Bobby	124 Stourbridge	Versailles KY 40383
STD	Hunter, Charles	2035 Altamont Court	Lexington, KY 40502
D	Hunter, Betty	2035 Altamont Court	Lexington, KY 40502

500003089655-4
-01/05/00--01103--008
***543.98 ***542.50

8. Name and Address of Current Registered Agent

Oddo, Edward, Jr
1500 East Atlantic Blvd
Pampano Beach, FL 33060

9. Name and Address of New Registered Agent

Name
Tony Lehmann
Street Address (P.O. Box Number is Not Acceptable)
951 South West 20th Street
Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33486

10. I, being appointed the registered agent of the above named corporation,

Signature of Registered Agent

Not financially, legally, or in any way responsible for anything herein or otherwise

Tony Lehmann REGISTERED AGENT MUST SIGN

Date October 21, 1999

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(3)(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
Bobby Matthews, President

Oct 21, 1999 606.873.5350
Date Daytime Phone #

TOTAL P.04

FILED

99 DEC 28 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

94-99