

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -9 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000000180

1. Corporation Name

G & W PARK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

18260-C PAULSON DRIVE
PORT CHARLOTTE FL 33949

Mailing Address

18260-C PAULSON DRIVE
PORT CHARLOTTE FL 33949

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

2. New Principal Office Address, If Applicable

THOMAS JOYCE

Suite, Apt. #, etc.

18260 PAULSON UNIT 2-3-4

City & State

PORT CHARLOTTE FL 33954

Zip

Country

USA

3. New Mailing Office Address, If Applicable

THOMAS JOYCE

Suite, Apt. #, etc.

18260 PAULSON UNIT 2-3-4

City & State

PORT CHARLOTTE FL

Zip

Country

33954

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/10/2000

5. FEI Number

65-1115337

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a 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	4 City / State / Zip
VSD	GORMAN, MELISSA A	POST OFFICE BOX 2282	PORT CHARLOTTE FL 33945
PTD	WOLFF, CHERYL J	18260 PAULSON DRIVE UNIT C	PORT CHARLOTTE FL 33949
D	JOYCE, THOMAS	18260 PAULSON DRIVE UNIT D-1	PORT CHARLOTTE FL 33949

8. Name and Address of Current Registered Agent

WOLFF, CHERYL J
18260 PAULSON DRIVE
UNIT C
PORT CHARLOTTE FL 33948

9. Name and Address of New Registered Agent

Name

THOMAS JOYCE

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

18260 PAULSON DRIVE UNIT D 2-3-4

Suite, Apt. #, Etc.

City

PORT CHARLOTTE

State

FL

Zip Code

33954

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

~~SIGNATURE~~ REQUIRED

REGISTERED AGENT MUST SIGN

Date 12-5-02

11. 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~~ REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-5-02