

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 JAN 9 PM 5:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N00000006666*

1. Corporation Name
GEORGETOWN CONDO #1, INC.

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

2460 TAYLOR ST

Suite, Apt. #, etc.

2-B

City & State

HOLLYWOOD FL.

Zip

33020

Country

U.S.A.

3. Mailing Office Address

2551 LINCOLN ST

Suite, Apt. #, etc.

City & State

HOLLYWOOD FL.

Zip

33020

Country

U.S.A.

300114554063
01/09/08--01029--010 ***306.25

REINSTATEMENT

04-08

4. Date Incorporated or Qualified
To Do Business in Florida

4/19/1973

5. FEI Number

N/A ??

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LOBERT KAYE & ASSOCIATES P.A.

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

2460 TAYLOR ST 6261 N.W. 6 WAY

Suite, Apt. #, Etc.

103

City

HOLLYWOOD FT. LAUD.

State

FL

33309

33020

☒ 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

Charles Kaye (Association President)

REGISTERED AGENT MUST SIGN

Date *1-4-08*

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
<i>PRESIDENT</i>	<i>CHARLES KAYE</i>	<i>2460 TAYLOR ST 2-B</i>	<i>HIWOD FL 33020</i>
<i>V.PRES</i>	<i>ELKIN VELER</i>	<i>2460 TAYLOR ST 1-B</i>	<i>HIWOD FL 33020</i>
<i>SECRETARY</i>	<i>EDGAR GALLI</i>	<i>2460 TAYLOR ST 2-E</i>	<i>HIWOD FL 33020</i>

REINSTATEMENT *04-08*

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:

Charles Kaye

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-08

Date

954 478 4418

Daytime Phone #