PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT -2 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000066666

1. Corporation Name
Georgetown Condominium No. 1, Inc.

REINSTATEMENT 01-03

2. Principal Office Address	3. Mailing Office Address
2460 Taylor Street	2460 Taylor Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hollywood, FL	City & State: Hollywood, FL
Zip: 33020 Country: USA	Zip: 33020 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 4/19/73

5. FEI Number: ☐ 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

700023519387
10/02/03--01077--005 **367.50

Name: Robert Kaye + Associates, P.A.
Street Address (P.O. Box Number is Not Acceptable): 6261 N.W. 6th Way
Suite, Apt. #, Etc.: Suite 103
City: Ft. Lauderdale State: FL Zip Code: 33309

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: Robert Kaye President
REGISTERED AGENT MUST SIGN
Date: 9-16-03

CR2E081 (10/02)

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	Charles Coyle	2551 Lincoln Street	Hollywood, FL 33020
V	Elkin Velez	2460 Taylor Street, #1B	Hollywood, FL 33020
T	Faissal Khachane	2460 Taylor Street, #2F	Hollywood, FL 33020
S	Edgar E. Gallo	2460 Taylor Street, #2E	Hollywood, FL 33020

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: Charles Coyle 9-18-03 954 478 4418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #