

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 APR 29 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

King David Condominium Association, Inc.

#N01000000751

REINSTATEMENT 02-03

000017276350
04/29/03--01028--006 **306.25

2. Principal Office Address

900 N. Federal Hwy.

Suite, Apt. #, etc.

Suite 410

City & State

Boca Raton, Florida

Zip

33432

Country

USA

3. Mailing Office Address

900 N. Federal Hwy.

Suite, Apt. #, etc.

Suite 410

City & State

Boca Raton, Florida

Zip

33432

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

32-6072256

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

Wallack, Michael M. ESQ.

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

27 Fletcher Avenue

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34237

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

Date

4-18-03

REGISTERED AGENT MUST SIGN

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
PD	Gross, Leonard	900 N. Federal Hwy. #410	Boca Raton, Flor 33432
VD	Bloom, Diane	900 N. Federal Hwy. #410	Boca Raton, Fl. 33432
STD	Bloom, Ashley	900 N. federal Hwy. #410	Boca Raton, Fl. 33432

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/18/03

Daytime Phone #

501-417-7115

CR2E081 (10/02)

9/4/20