

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FL

13 FEB 15 PM 2:02

DOCUMENT # N01000008425

1. Corporation Name

TROPIC EAST CONDOMINIUM ASSOCIATION  
INCORPORATED

**REINSTATEMENT** 10-13

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

1515 No. Federal Hwy.  
Suite, Apt. #, etc.

3. Mailing Office Address

2410 No. Lakeside Dr.  
Suite, Apt. #, etc.

CR2E081 (11/10)

City & State

LAKE WORTH FL.

City & State

LAKE WORTH FL.

Zip

Country

33460

USA

Zip

Country

33460

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

1979

5. FEI Number

01-0556270

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

Joan Zeitlin

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

2410 N. LAKESIDE DR.

Suite, Apt. #, Etc.

City

LAKE WORTH

State

FL

Zip Code

33460

100244781731  
02/15/13--01033--020 \*\*420.00

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

Joan Zeitlin

REGISTERED AGENT MUST SIGN

Date 02-12-2013

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
<u>P/D</u>	<u>Joan Zeitlin</u>	<u>2410 No. LAKESIDE DR.</u>	<u>LAKE WORTH FL. 33460</u>
<u>V/D</u>	<u>Joan Zeitlin</u>	<u>2410 No. LAKESIDE DR.</u>	<u>LAKE WORTH FL. 33460</u>
<u>S/D</u>	<u>Joan Zeitlin</u>	<u>2410 No. LAKESIDE DR.</u>	<u>LAKE WORTH FL. 33460</u>

10. E-mail Address: ZEITLINJOAN@YAHOO.COM

(To be used for future annual report notification)

FEB 15 2013

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 in making 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Joan Zeitlin Joan Zeitlin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-12-2013

Date

561-582-6008

Daytime Phone #