

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 FEB -5 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01837

1. Corporation Name

Golfstream Warehouse Condo Assoc, Inc.

2. Principal Office Address

LANE
3640-3680 Investment

Suite, Apt. #, etc.

City & State

Riviera Beach, FL

Zip

33404

Country

US

3. Mailing Office Address

131 LAKESHORE DR.

Suite, Apt. #, etc.

City & State

NORTH PALM BEACH

Zip

FL

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2387021

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

SP

7. Name and Address of Current Registered Agent

Name

Debra Barton

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

131 Lakeshore Dr.

Suite, Apt. #, Etc.

City

North Palm Beach

FL

33408

State

FL

Zip Code

33408

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

D. Barton

REGISTERED AGENT MUST SIGN

Date 1/31/01

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
St	Debra Barton	131 LAKESHORE DR.	N. Palm Beach, FL 33408
VD	John DeMello	123 LAKESHORE DR.	N. Palm Beach, FL 33408
IS	Marty McMahon	3640 Investment Ln	Riviera Beach FL 33404

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

1/31/01

Daytime Phone #

561624-5891

CR2E081 (9/00)

292

Gulfstream Warehouse Condominium Association, Inc.

Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

01/31/01

I have enclosed a reinstatement form and would like to request that you grant me a one time waiver of the reinstatement fee.

I took over as Secretary around the beginning of 1999, about the time that this form was to be filed and I did not receive the form from the previous Secretary. I was not aware that this was something that had to be filed yearly. I also forward my mail from April 15th to November 30th and then again in January so if this is something that does not get forwarded it should have gotten returned to you.

Kindly grant me a one time waiver of the reinstatement fee.

W. B. Barton