

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N01977

1. Corporation Name

GRENADIER LAKES AT WELLEBY CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

C/O DIVERSIFIED MANAGEMENT SERVICES
8457 W. OAKLAND PARK BLVD.
SUNRISE FL 33351
US

C/O DIVERSIFIED MANAGEMENT SERVICES
8457 W. OAKLAND PARK BLVD.
SUNRISE FL 33351
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

P.O. BOX 451418

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SUNRISE, FLORIDA

Zip

Country

Zip

Country

33345-1418

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/15/1984

5. FEI Number

59-2816763

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	HEYMAN, IRIS	3584 NW 95TH TERR	SUNRISE FL
T	RIDNER, CHET	3855 NW 94TH AVE	SUNRISE FL 33351
D	Gallo, Adele	3566 NW 95 Terr.	Sunrise, FL 333351
S	SHERIDAN, LINDA Tsintgiras, Kay Maria	3892 N.W. 95TH TERRACE 3628 NW 95 Terr.	SUNRISE FL 33351 Sunrise, FL 33351
D	SOMERO, JEFF Schwartz, Cynthia	3504 N.W. 95TH TERRACE 3643 NW 94 Avenue	SUNRISE FL 33351 Sunrise, FL 33351
T	CACHMAN, ZONYA Lachman, Zorya	3570 N.W. 95TH TERRACE	SUNRISE FL 33351
VP	TEMPERILLI, JAMES	3548 NW 95TH TERR	SUNRISE FL 33351

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KAYE & ROGER, P.A.
6261 NW 8TH WAY, STE. 103
FT. LAUDERDALE FL 33309

Name

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

300003032823--8

Suite, Apt. #, Etc.

-11702793--01081--013

City

***236.25 ***236.25

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Robert Kaye
REGISTERED AGENT MUST SIGN

Date 10-22-99

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 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:

James Temperilli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/19/99
954-572-1880

REINSTATEMENT 99

FILED

99 OCT 25 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2040 (8/99)