

# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT



**DOCUMENT # N03000001672**  
 1. Entity Name  
**VALHALLA CONDOMINIUM, INC.**

FILED

04 DEC -1 PM 3: 24

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business  
 17751 CANDLEWOOD TERRACE  
 BOCA RATON, FL 33487

Mailing Address  
 17751 CANDLEWOOD TERRACE  
 BOCA RATON, FL 33487



2. Principal Place of Business  
 1225 George Bush Blvd  
 Suite, Apt. #, etc.

3. Mailing Address  
 PO Box 1665  
 Suite, Apt. #, etc.

10312004 REIN-NP CR2E099 (6/04)

City & State  
 Delray Beach FL

City & State  
 Delray Bch FL

Zip  
 33483

Country  
 USA

Zip  
 33447

Country  
 USA

4. FEI Number  
 65-0059347

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 TUSTIN, KATHERINE  
 17751 CANDLEWOOD TERRACE  
 BOCA RATON, FL 33487

7. Name and Address of New Registered Agent  
 Name: Kim Thomas  
 Street Address (P.O. Box Number is Not Acceptable): 1138 Vista Del Mar Dr. S.  
 City: Delray Beach FL Zip Code: 33483

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Kim Thomas, President x Kim Thomas x 11/29/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$81.25**  
**After January 1, 2005, Fee will be \$122.50**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to  
**Florida Department of State**

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TUSTIN, KATHERINE 17751 CANDLEWOOD TERRACE BOCA RATON, FL 33487	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COOPER, MIRIAM 1225 GEORGE BUSH BLVD. #1 DELRAY BEACH, FL 33483	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZENGAGE, KEN 201 E. BOYNTON BEACH BLVD. BOYNTON BEACH, FL 33435	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Kim THOMAS 1138 Vista Del Mar Dr. S. Delray Beach, FL 33483	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRANTZ, JULIE 16808 Winding View Tr. Fisherville Ky 40023	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Julie Grantz Julie Grantz 11/23/04 502-240-0387  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #