

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03000003226

1. Corporation Name

242 CONDOMINIUM ASSOCIATION, INC.

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

242 S. BEACH STREET

3. Mailing Office Address

242 S. BEACH STREET

Suite, Apt. #, etc.

SUITE 100

Suite, Apt. #, etc.

SUITE 100

City & State

DAYTONA BEACH, FL

City & State

DAYTONA BEACH, FL

Zip

32114

Country

US

Zip

32114

Country

US

7. Name and Address of Current Registered Agent

Name
OSLIZLO, ERIC

Street Address (P.O. Box Number is Not Acceptable)
242 S. BEACH STREET

Suite, Apt. #, Etc.
SUITE 100

City
DAYTONA BEACH

State

FL

Zip Code

32114

4. Date Incorporated or Qualified
To Do Business in Florida

APRIL 11, 2003

5. FEI Number

81-0625971

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$5.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 9/6/2007

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
P/D/C	SCHREIBER, NANCY	242 S. BEACH ST., SUITE 100	DAYTONA BEACH, FL 32114
T/S/D	OSLIZLO, ERIC	242 S. BEACH ST., SUITE 100	DAYTONA BEACH, FL 32114
V/D	BOTCHEN, STEVEN	242 S. BEACH ST., SUITE 100	DAYTONA BEACH, FL 32114

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 contained in Chapter 119, 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

9/6/07

Date

(386) 255-1233

Daytime Phone #

FILED

07 SEP 10 PM 1:28

CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-07

CR2E081 (1/07)