


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 DEC 16 AM 9:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N04000006474</b> 1. Corporation Name Palmway Condominium Apartments Association, Inc.			
2. Principal Office Address - No P.O. Box # 9690 West Sample Road		3. Mailing Office Address 9690 West Sample Road	
Suite, Apt. #, etc. Suite 103		Suite, Apt. #, etc. Suite 103	
City & State Coral Springs, Florida		City & State Coral Springs, Florida	
Zip 33065-4046	Country Broward	Zip 33065-4046	Country Broward
4. Date Incorporated or Qualified To Do Business In Florida <b>June 30, 2004</b>			
5. FEI Number 59-2087110		Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent Name Mirza Basulto & Robbins, LLP Street Address (P.O. Box Number is Not Acceptable) 9690 West Sample Road Suite, Apt. #, Etc. Suite 103 City Coral Springs			
		State FL	Zip Code 330654046
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 <b>December 9, 2008</b> <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>			
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
PD	Steven Saverien	P.O. Box 23027	Oakland Park, FL 33307-3027
STD	Carolyn Goldberg	2650 N.E. 11th Street	Pompano Beach, FL 33062
D	Richard Kuntz	5324 Edington Lane	Raleigh, North Carolina 27604
<i>12/04/08 01040 009 \$542.50</i>			
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: <i>Steven Saverien</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		December 9, 2008 Date	954-295-7012 Daytime Phone #

REINSTATEMENT

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