

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 DEC 21 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000010066

1. Corporation Name

ATLANTIC BOULEVARD CONDOMINIUM ASSOCIATION, INC.

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

1419 Atlantic Blvd.

Suite, Apt. #, etc.

#1

City & State

Key West, Florida

Zip

33040

Country

USA

3. Mailing Office Address

322 Elizabeth Street

Suite, Apt. #, etc.

City & State

Key West, Florida

Zip

33040

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/25/2004

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Darryl Fohrman

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

322 Elizabeth Street

Suite, Apt. #, Etc.

City

Key West

State

FL

Zip Code

33040

☐ 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 12/04/09

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/T/D | Sean MacGuire | 1419 Atlantic Blvd. #1 | Key West Fl. 33040 |
| S/D | Jessica MacGuire | 1419 Atlantic Blvd. #1 | Key West, Fl. 33040 |
| D | Luther A. Galloway | 1419 Atlantic Blvd. #2 | Key West, Fl. 33040 |
| | | | |
| | | | |
| | | | |

10. E-mail Address: darryl.fohrman@gmail.com

(To be used for future annual report notification)

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. I further certify, 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:

Sean MacGuire, President

12/04/09

305-390-0888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #