

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 172600003877

1. Corporation Name

The Guaranty Building Condominium Association

~~W09-33924~~

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

120 S Olive Ave

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33401

Country

Palm Beach

3. Mailing Office Address

833 W Lincoln Highway

Suite, Apt. #, etc.

Suite 100W

City & State

Schererville, IN

Zip

46375

Country

Lake

7. Name and Address of Current Registered Agent

Name

Les H Stevens, ESQ

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

5301 N Federal HWY

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33487

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of

Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

5/29/09

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
DF	John F. Quinn	833 W Lincoln Highway, Suite 100W	Schererville, IN 46375
DS	Veronica Franco	833 W Lincoln Highway, Suite 100W	Schererville, IN 46375

600158807966

07/22/09--01034--002 **122.50

600158807966

08/20/09--01003--012 **70.00

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

[Signature]

Date

5-28-09

Daytime Phone #

312-372-8100

FILED

09 AUG 19 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

REINSTATEMENT

07-09

CR2E081-(12/08)

4. Date Incorporated or Qualified To Do Business in Florida

12/08/2005

5. FCI Number

204712553

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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.

JUL 17 2009

CU REV/ADM