

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 MAR -2 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000012172

1. Corporation Name

Eastside Village Condominium Association, Inc.

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

4010 South 57th Ave

Suite, Apt. #, etc.

204

City & State

LAKE WORTH FL.

Zip

33463

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

900144767349
03/02/09--01041--006 **358.75
REINSTATEMENT 07-09

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/22/2006

5. FEI Number
NONE

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

St. John, Core & Lemme, P.A.

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

1601 Forum Place

Suite, Apt. #, Etc.

Suite 701

City

West Palm Beach

State

FL

Zip Code

33401

☐ 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

David A. Core
DAVID A. CORE, Secretary
REGISTERED AGENT MUST SIGN

Date 2-11-09

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
P	CARMELLO Sanchez	2345 2nd AVE N. #101	L.W. FL. 33461
T	Carlos Dominguez	101 LAKE ARBOR DR.	DAUM SPRINGS FL. 33444
S	NINA GAMINARA	1580 A FOREST HILL LAKES DR.	WPB FL. 33400

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:

Charles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/3 aw