

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 JUN 12 PM 3:37

DOCUMENT # NO7000010777

1. Corporation Name

ATLANTIC PALMS CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #
11060 SW 88 STREET

3. Mailing Office Address

Suite, Apt. #, etc.

6

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33176

Country

Zip

Country

100236266401

06/12/12--01017--001 **297.50

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
261572117

☐ 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

MANHATTAN PROPERTY MANAGMENT SOLUTIONS, INC.

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

11060 SW 88 STREET

Suite, Apt. #, Etc.

6

City

MIAMI

State

FL

Zip Code

33176

REINSTATEMENT 11-12

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

REGISTERED AGENT MUST SIGN

Date **6/6/2012**

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 | MAHARAJ, CHADHA | 11060 SW 88 ST, #6 | MIAMI, FL 33176 |
| VP | JAGIRDAR, JAISHREE | 11060 SW 88 ST, #6 | MIAMI, FL 33176 |
| D | MANJULA, CHADA | 11060 SW 88 ST, # 6 | MIAMI, FL 33176 |
| | | | |
| | | | |
| | | | |

10. E-mail Address: **JASMINE@MANHATTANPMSOLUTIONS.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

MAHARAJ CHADHA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/2012

305.595.6767

Daytime Phone #

DO BUTLER