

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 APR 18 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N11171

1. Corporation Name

GOLF VIEW TERRACE CONDO. ASSOC.

300099273823
04/30/07--01007--022 **183.75

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

2196 KNOX McRAE DR

Suite, Apt. #, etc.

I

City & State

TITUSVILLE, FL

Zip

32780

Country

BREVARD

3. Mailing Office Address

(SAME)

Suite, Apt. #, etc.

D

City & State

(SAME)

Zip

(SAME)

Country

(SAME)

REINSTATEMENT 04-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

9/20/85?

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

FRANK TYNAN, P.A.D.M., R.S.B.A.

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

2196 KNOX McRAE DRIVE

Suite, Apt. #, Etc.

D

City

TITUSVILLE, FL

State

FL

Zip Code

32780

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 09/04/07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

300099273823
04/30/07--01007--023 **61.25

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P-D	JAKE HALLEWELL	2196-I KNOX McRAE DR.	TITUSVILLE FL 32780
VP-D	KATHERINE BONNICI	✓ - E ✓ ✓ ✓	✓ ✓ ✓
2 VP-D	FRANK TYNAN	2196-D KNOX McRAE DR.	TITUSVILLE, FL 32780
TRES	JIM MACHIN	2196-G ✓ ✓ ✓	✓ ✓ ✓
SEC	BERT GARSIDE	2196-K ✓ ✓ ✓	✓ ✓ ✓
A/S	RICH STEIGER	✓ - B ✓ ✓ ✓	✓ ✓ ✓

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

F.S. TYNAN

VP

CELL # 416.565.3122
09/04/07 321.383.8043
Date Daytime Phone #