

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

14 DEC -2 AM 8:36

ALLAHASSIE, FLORIDA

**CORPORATION REINSTATEMENT**  
**2013-2014**



FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N12000000062  
 1. Corporation Name  
 177 179 Main Street Condominium Association, Inc.

2. Principal Office Address - No P.O. Box # 179 Main Street Suite, Apt. #, etc.		3. Mailing Office Address <del>179 Main Street</del> P.O. Box 288 Suite Apt. #, etc.	
City & State Palm Beach, FL		City & State Palm Beach, FL	
Zip 33480	Country	Zip 33480	Country

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida  
January 4, 2012

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  
Diane Gordy

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

Suite, Apt. #, Etc.

City State Zip Code  
Palm Beach FL 33480

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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 *Diane Gordy* Date 11-25-2014  
 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
Pres	Diane Gordy	P.O. BOX 288 Palm Beach, FL 33480	-

10. E-mail Address: dgordy@cs.net  
 (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: *Diane Gordy Pres.* Date 11/25/2014 Daytime Phone # 301-793-0694  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

K. ASHTON