


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N12245

1. Corporation Name

Presidential Way Association, Inc.

2. Principal Office Address

1690 Presidential Way

Suite, Apt. #, etc.

3. Mailing Office Address

1690 Presidential Way

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33401

Country

U.S.A.

City & State

West Palm Beach, FL

Zip

33401

Country

U.S.A.

REINSTATEMENT 05-06
CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

11/25/1985

5. FEI Number

592625362

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

Michael J. Gelfand, Esquire

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

1555 Palm Beach Lakes Boulevard

Suite, Apt. #, Etc.

1220

City

West Palm Beach

State
FL

Zip Code
33401

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

1/10/06

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.	Sidney Rosenthal	2427 Presidential Way	W. Palm Beach, FL 33401
Sec.	Priscilla Fiske	2427 Presidential Way	W. Palm Beach, FL 33401
AT.	Norman Weinstein	2427 Presidential Way	W. Palm Beach, FL 33401

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 under section 119.07(3)(i), 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIDNEY ROSENTHAL
PRESIDENT
1/6/06

Date

501-683-1001

Daytime Phone #