

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 MAY 23 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N13972

1. Corporation Name

GRANADA GREENS CONDOMINIUM ASSOCIATION, INC

REINSTATEMENT 89-11

200208021362
05/23/11--01043--008 **1583.75

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

1089 W. Granada Blvd

3. Mailing Office Address

1089 W. Granada Blvd

Suite, Apt. #, etc.

Suite 1

Suite, Apt. #, etc.

Suite 1

City & State

Ormond Beach, FL

City & State

Ormond Beach, FL

Zip

32174

Country

USA

Zip

32174

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

03/24/1986

5. FEI Number
59-2891594

☐ 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

Fredrick W. Costello, DDS

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

1089 W. Granada Blvd

Suite, Apt. #, Etc.

Suite 1

City

Ormond Beach

State

FL

Zip Code

32174

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

Fredrick W. Costello

REGISTERED AGENT MUST SIGN

Date 05/20/11

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
PD	Fredrick W. Costello	1089 W. Granada Blvd, St 1	Ormond Beach, FL 32174
		AS/2M	

10. E-mail Address: fredcdds@aol.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:

Fredrick W. Costello

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/20/11

Date

3866731611

Daytime Phone #