

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 MAY -2 AM 7:42

500103289095
05/25/07--01025--008 **122.50

DOCUMENT # N19733

1. Corporation Name

Camden K Condominium Assoc. Inc

REINSTATEMENT

CR2E081 (1/07)

06-07

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

c/o Laura Chevinsky 249 Camden K

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach FL

City & State

West Palm Beach FL

Zip

33417

Country

P.B. County

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-1644377

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

Laura Chevinsky

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

249 Camden K

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33417

☒ 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

Laura Chevinsky

Date

4/4/07

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	Laura Chevinsky	249 Camden K	WPB FL 33417
Vice Pres	Myron Solomon	245 Camden K	WPB FL 33417
Sec	Mary Lynn P Dandelion	251 Camden K	WPB FL 33417
D	Gerry Marchasin	246 Camden K	WPB FL 33417
D	Fran Marchasin	246 Camden K	WPB FL 33417

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 19, 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:

Laura Chevinsky

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/4/07

Daytime Phone #

561-471-5732