

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 OCT 04 PM 7:55

SECRET  
TALLAHASSEE, FLORIDA

DOCUMENT # N24673

1. Corporation Name

Forest Plaza Condominium Association, Inc.

2. Principal Office Address

1521 Forest Hill Blvd.

Suite, Apt. #, etc.

Suite 3

City & State

West Palm Beach, FL

Zip

33406

Country

USA

3. Mailing Office Address

1521 Forest Hill Blvd.

Suite, Apt. #, etc.

Suite 3

City & State

West Palm Beach, FL

Zip

33406

Country

USA

**REINSTATEMENT**

CR2E081 (8/05)

**99-05**

4. Date Incorporated or Qualified  
To Do Business in Florida

2/4/1988

5. FEI Number

20-3541572

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

Gil Garone

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

1521 Forest Hill Boulevard

Suite, Apt. #, Etc.

Suite # 3

City

West Palm Beach

State

FL

Zip Code

33406

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

*Gil Garone* GIL GARONE

REGISTERED AGENT MUST SIGN

Date September 28, 2005

**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
P/D	Gil Garone	1521 Forest Hill Blvd # 3	West Palm Beach, FL 33406
V/S/D	Paula A. Garone	1521 Forest Hill Blvd # 3	West Palm Beach, FL 33406
D	Marissa Garone Blatz	1521 Forest Hill Blvd # 3	West Palm Beach, FL 33406

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:

*Gil Garone* GIL GARONE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

September 28, 2005 561-969-2622

Date

Daytime Phone #