

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 20 AM 11: 02

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N47330

1. Corporation Name

GRAND PALMS CONDOMINIUM I ASSOCIATION, INC.

Principal Place of Business

Mailing Address

820 PALM WAY ST.
KISSIMMEE FL 34744
US

820 PALM WAY ST
KISSIMMEE FL 34744
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3150 LINDFIELDS Blvd
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3201 LINDFIELDS Blvd
Suite, Apt. #, etc.

REINSTATEMENT

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4. Date Incorporated or Qualified
To Do Business in Florida

02/13/1992

5. FEI Number

59-3240728

Applied For

Not Applicable

City & State

KISSIMMEE, FL

City & State

KISSIMMEE, FL

Zip

34747

Country

USA

Zip

34747

Country

USA

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
1	2	3	4
VD	DEACON, JOHN RON FREEMAN	3150 LINDFIELDS BLVD.	KISSIMMEE FL
PD	WOOD, STEVE RON LAVIN	3150 LINDFIELDS BLVD	KISSIMMEE FL
VD TD	WATSON, MARK LYNNE SIDKEY	3150 LINDFIELDS BLVD.	KISSIMMEE FL
D	FREEMAN, COLIN Pam Thirde	3150 LINDFIELDS BLVD.	KISSIMMEE FL
D	FREEMAN, RON Richard Schaffer	3150 LINDFIELDS BLVD	KISSIMMEE FL
SD	DEACON, JOHN Nick Bowditch	3150 LINDFIELDS BLVD	KISSIMMEE FL

8. Name and Address of Current Registered Agent

~~DIAZ, VICKI~~
820 PALM WAY ST
KISSIMMEE FL 34744

9. Name and Address of New Registered Agent

Name
LEE R. MOORE
Street Address (P.O. Box Number is Not Acceptable)
3201 LINDFIELDS Blvd
Suite, Apt. #, Etc.
City
KISSIMMEE
State
FL
Zip Code
34747

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-17-00

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., 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.

KE

SIGNATURE:

Lynne Sidkey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-17-00 407-787-0184