

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N 50043

1. Corporation Name

GREATER SOUTH COUNTY ROAD ASSOCIATION INC.

Principal Place of Business

350 South County Road  
Palm Beach, FL 33480

Mailing Address

(same)

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

V 65-0594701

Applied For

Not Applicable

6.

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres./ Dir.	Les Rossi	350 South County Road	Palm Beach, FL 33480
V.P./D.	Christine Franks	155 Worth Avenue	Palm Beach, FL 33480
V.P./D.	Lomon Koos, Ph.D.	361 South County Road	Palm Beach, FL 33480
Treas./ D.	Barbara C. Garcia	411 South County Road	Palm Beach, FL 33480
Secy./ D.	Jean Deyermond	450 Royal Palm Way	Palm Beach, FL 33480
			200002270142--7 -08/18/97--01129--006 ****481.25 ****481.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Lisa S. Small, Esq.

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

324 Royal Palm Way

Suite, Apt. #, Etc. Suite 231

City

Palm Beach

State

FL

Zip Code

33480

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 8/8/97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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]*

LES ROSSI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AUG 18, 1997

Date

(561) 655-5908

Daytime Phone #

FILED

97 AUG 13 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

REINSTATEMENT

93-97  
ad

CR2040 (12/96)