

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 # **N50043**

1. Corporation Name  
**GREATER SOUTH COUNTY ROAD ASSOCIATION, INC.**

Principal Place of Business <b>350 SOUTH COUNTY RD PALM BEACH FL 33480</b>	Mailing Address <b>350 SOUTH COUNTY RD. PALM BEACH FL 33480</b>
---	--

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

2. New Principal Office Address, If Applicable <b>223 SUNSET AVE. #200</b> Suite, Apt. #, etc. <b>PALM BEACH, FL.</b> City & State <b>33480</b> Zip	3. New Mailing Office Address, If Applicable <b>223 SUNSET AVE. #200</b> Suite, Apt. #, etc. <b>PALM BEACH, FL.</b> City & State <b>33480</b> Zip
---	---

99 JAN 20 AM 11:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



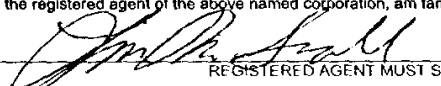
**REINSTATEMENT** 98-99

4. Date Incorporated or Qualified To Do Business in Florida <b>07/24/1992</b>	5. FEI Number <b>65-0594701</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	CHRISTINE FRANKS	125 WORTH AVE. STE 220	PALM BEACH FL 33480
VPD	KOOS, LOMON PHD	381 SOUTH COUNTY ROAD	PALM BCH. FL 33480
TD	GARCIA, BARBARA C	411 SOUTH COUNTY ROAD	PALM BCH. FL 33480
SD	DEYERMOND, JEAN	223 SUNSET AVE. #200	PALM BCH. FL 33480
			700002756577-2 -01/27/99--01072--005 ****297.50 ****297.50

8. Name and Address of Current Registered Agent <b>SMALL, LISA S ESO 324 ROYAL PALM WAY SUITE 231 PALM BEACH FL 33480</b>	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <b>FL</b> Zip Code
--	--

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  Date **1/8/99**  
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other state 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:  **CHRISTINE FRANKS, PRES.** 1/12/99 561-835-8001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #