

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 22 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N50043

1. Corporation Name

Greater South County Road Association, Inc.

REINSTATEMENT

02-03

500016392805
04/21/03--01053--001 **61.25

2. Principal Office Address

P.O. Box 2648

Suite, Apt. #, etc.

City & State

Palm Beach

Zip

33480

Country

U.S.A.

3. Mailing Office Address

P.O. Box 2648

Suite, Apt. #, etc.

City & State

Palm Beach

Zip

33480

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/24/92

5. FEI Number

T 65-0594701

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 Lisa S. Small, Esq.

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

440 Royal Palm Way

Suite, Apt. #, Etc.

Suite 100

City

Palm Beach

State
FL

Zip Code

33480

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

REGISTERED AGENT MUST SIGN

Date April 17, 2003

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 |
|--------|--------------------------------------|---|----------------------|
| PD | Gregory Boyajian | 235 Peruvian Avenue | Palm Beach, FL 33480 |
| VPD | Patricia L. Sans | 249 Royal Palm Way | Palm Beach, FL 33480 |
| VPD | Jean Deyermond | 319 Peruvian Avenue | Palm Beach, FL 33480 |
| TD | Arleen Corvo | 251 Royal Palm Way | Palm Beach, FL 33480 |
| SD | Jean Deyermond | 319 Peruvian Avenue | Palm Beach, FL 33480 |

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

Arleen Corvo, Treas. April 17, 2003 (561) 309-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

254/23