

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUL 23 PM 3:13

DOCUMENT # ~~1~~ N51333

1. Corporation Name

Concord-Geneva Condominium, Inc.

2. Principal Office Address

9100 Bay Point Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

9100 Bay Point Dr.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32819

Country

USA

Zip

32819

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/19/92

5. FEI Number

59-3173441

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

Suzanne S. Magee

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

9100 Bay Point Dr.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32819

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

Suzanne S. Magee

REGISTERED AGENT MUST SIGN

Date

6/29/01

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
PN/IS T/D	Suzanne S. Magee	9100 Bay Point Dr.	Orlando, FL 32819
D	Kevin Hennessy	133 Pegasus Dr.	Jupiter, FL 33477
D	James Magee	9100 Bay Point Dr.	Orlando, FL 32819

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:

Suzanne S. Magee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/29/01

Daytime Phone #

407 839 2531

CR2E081 (9/00)