

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 NOV -1 PM 12: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N9400000 1268*

1. Corporation Name

Throbridge C Condo Assoc. Inc

2. Principal Office Address - No P.O. Box #

14000 Military Trail

Suite, Apt. #, etc.

Suite 204C

City & State

Delray Beach, FL

Zip

33484

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

CR2E081-(1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

09/14/1994

5. FEI Number

65-0542745

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 *Keith Backer, Esq.*

Street Address (P.O. Box Number is Not Acceptable)
400 So Dixie Hwy Ste 240

Suite, Apt. #, Etc.

City *Boca Raton*

State
FL

Zip Code
33432

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived *111586016*

*11/01/07--01041--004 **236.25*

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

KEITH F. BACKER

Date *9-30-07*

REGISTERED AGENT MUST SIGN

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
<i>✓ P</i>	<i>Phylis Pullman</i>	<i>15342 Lakes of Delray Blvd #102</i>	<i>Delray Beach, FL 33484</i>
<i>✓ VP</i>	<i>Phil Knobel</i>	<i>15342 Lakes of Delray Blvd #83</i>	<i>Delray Beach, FL 33484</i>
<i>✓ Secy</i>	<i>Harriet Rosenthal</i>	<i>15342 Lakes of Delray Blvd #103</i>	<i>Delray Beach, FL 33484</i>
<i>✓ Treas</i>	<i>Marilyn Carmus</i>	<i>15342 Lakes of Delray Blvd #89</i>	<i>Delray Beach, FL 33484</i>
<i>Dir</i>	<i>Norma Platzner</i>	<i>15342 Lakes of Delray Blvd #82</i>	<i>Delray Beach, FL 33484</i>

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 contained in Chapter 119, 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:

Phil Knobel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/30/07

Date

561-496-3233

Daytime Phone #

6. Mached

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