

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

Reinstatement  
1999-2002



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JAN 17 AM 11:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

N95000002203

1. Corporation Name

BLAIRS' ARCADE CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address

250 Worth Avenue, Unit 4

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Palm Beach, Florida

City & State

Zip

33480

Country

Palm Beach

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5/3/95

5. FEI Number

65-0591441

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 99-02

7. Name and Address of Current Registered Agent

Name

Arthur J. Menor, Esquire

04/26/99 90237 025

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

c/o Shutts & Bowen LLP, 250 S. Australian Avenue

\$ 61.25

Suite, Apt. #, Etc.

Suite 500

500004882205

City

West Palm Beach

State

FL

Zip

33401

Fee

358.75

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358.75

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 12.28.01

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
DPS	BURTON HANDELSMAN	250 Worth Avenue #4	Palm Beach, FL 33480
DVT	STEVEN HANDELSMAN	18 Hotel Drive	White Plains, NY 10605
DV	DEBRA HANDELSMAN	18 Hotel Drive	White Plains, NY 10605
D	LUCILLE HANDELSMAN	250 Worth Avenue #4	Palm Beach, FL 33480
D	MARSHA STOCKER	18 Hotel Drive	White Plains, FL 10605

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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Burton Handelsman, Pres. 914-761-8880

Date

Daytime Phone #