

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAR 10 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000008737

1. Corporation Name

CONDO CARETAKERS, INC.

2. Principal Office Address

23000 Floralwood Lane

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33433

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

REINSTATEMENT

9800

**4. Date Incorporated or Qualified
To Do Business in Florida** January 30, 1995

5. FEI Number

65-0562743

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

Dennis Grenier

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

23000 Floralwood Lane

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33433

000003178600-7
-03/22/00--01002--013
***1050.00 ***1050.00

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**

Dennis P. Grenier

REGISTERED AGENT MUST SIGN

Date 03/08/00

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
PSTD	Dennis Grenier	23000 Floralwood Lane	Boca Raton, FL 33433
			LS

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:

Dennis P. Grenier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/08/00

Date

561-479-2706

Daytime Phone #

CR2E081 (9/99)