

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUL 21 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **995000008737**

1. Corporation Name

CONDO CARETAKERS, INC.

300021856773
07/21/03--01029--008 **308.75

2. Principal Office Address

23000 FLORALWOOD LANE

Suite, Apt. #, etc.

City & State

BUCA RATON, FLORIDA

Zip

Country

33433-7959 PALM BEACH

3. Mailing Office Address

23000 FLORALWOOD LANE

Suite, Apt. #, etc.

City & State

BUCA RATON, FLORIDA

Zip

Country

33433-7959 PALM BEACH

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

MARCH 02 1995

5. FEI Number

650562743

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

BUCA RATON

State

FL

Zip Code

33433-7959

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

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
PRES.	DENNIS GRENIER	23000 FLORALWOOD LANE	BUCA RATON, FLA. 33433-7959
SECT.			
TRANS.			
VICE- PRES.			
CHAIR- MAN			

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 Grenier DENNIS GRENIER

Date

7/7/03

Daytime Phone #

561-479-2706
561-756-4238

CR2E081 (10/02)