

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF REVENUE
Secretary of State
DIVISION OF CORPORATIONS

FILED

30 JUN 25 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 718719

1. Corporation Name
High Point Court Association, Inc

Principal Place of Business Mailing Address
211 High Point Boulevard
Boynton Beach, FL 33435

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

REINSTATEMENT 73-99

4. Date Incorporated or Qualified To Do Business in Florida 1970

5. FEI Number 59-1409822 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/P	Peter Belding	250A High Point Ct.	Boynton Beach, FL 33435
D/S	DORIS A. SMITH	330C High Point Ct.	Boynton Beach FL 33435
D/T	ANTHONY DeSARDO	340D High Point Ct.	Boynton Beach FL 33435
D/VP	ALBERT L. GIUSTO	215-C High Point Ct.	Boynton Beach FL 33435
D/W	WILLIAM TAYLOR	260-C High Point Ct.	Boynton Beach FL 33435
D/VP	JAMES BARRY	360-D High Point Ct.	Boynton Beach FL 33435
D/VP	CHARLES GIUSTO	265-C High Point Ct.	Boynton Beach FL 33435

8. Name and Address of Current Registered Agent
DORIS A. SMITH
330-C High Point Court
Boynton Beach FL 33435

9. Name and Address of New Registered Agent
Name
Street Address (P. O. Box Number is Not Acceptable) 200002921332--7
Suite, Apt. #, Etc. -07/01799--01080--024
City ***1898.75 ***1898.75
State FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent Doris A. Smith REGISTERED AGENT MUST SIGN Date 6/22/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No

12. 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. All taxes 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: Albert L. Giusto 6/23/99 561-732-1646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Albert L. GIUSTO, Director + Vice President Date State Phone #

CR2E06 (12/98)