

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 APR 20 PM 1:28

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 721583

1. Corporation Name

HOVIANNA II APTS, INC.

REINSTATEMENT 1973-2012

100230412381

04/20/12--01045--005 **2683.75

CR2E081 (11/10)

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

514 South C. ST.

Suite, Apt. #, etc.

UNIT # 11

City & State

LAKE WORTH Florida

Zip

33460 Florida

Country

Palm Beach

3. Mailing Office Address

514 South C. ST

Suite, Apt. #, etc.

UNIT # 11

City & State

LAKE WORTH Florida

Zip

33460

Country

Palm Beach

4. Date Incorporated or Qualified To Do Business in Florida

1-18-72

5. FEI Number

59-2652983

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

LARRY A EDWARDS

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

514 South C. ST

Suite, Apt. #, Etc.

Unit # 11

City

LAKE WORTH

State

FL

Zip Code

33460

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

Larry A Edwards

Date

4-13-12

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
P	ROBENS CASIMIR	514 South C ST Unit 6	LAKE WORTH FL 33460
V-T	LARRY A EDWARDS	514 South C ST Unit 11	LAKE WORTH FL 33460
S	MARIA CASTRO	514 South E. ST Unit 2	LAKE WORTH FL 33460
D			

APR 23 2012

T. CAULEY

10. E-mail Address: LAEDJ@BELLSOUTH.NET

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Larry A Edwards

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-12

Date

361-383-2367

Daytime Phone #