PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 OCT 29 AM 8:01

DOCUMENT # 742739

1. Corporation Name

ANDOVER B CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
ANDOVER B 36 CENTURY VILLAGE WEST PALM BEACH FL 33417	ANDOVER B 36 CENTURY VILLAGE WEST PALM BEACH FL 33417

REINSTATEMENT 02

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

4. Date Incorporated or Qualified To Do Business in Florida: 05/08/1978

5. FEI Number: 59-1637719 ☐ 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	4 City / State / Zip
VPD	SNYDER, BERNIE	31 ANDOVER B	W PALM BCH FL 33417
D	FASSBINDER, RAE	33 ANDOVER B	WEST PALM BEACH FL 33417
T	~~LEVINE, ARTHER~~ STUBITS, ANN BARD-	~~34 ANDOVER B~~ 51 ANDOVER B	~~E PALM BEACH FL 33417~~ WEST PALM BEACH, FL 33417
S	VOLEK, ALLYSON	36 ANDOVER B	WEST PALM BEACH FL 33417
P D	CAULFIELD, JAMES	36 ANDOVER B	WEST PALM BEACH FL 33417
			800008644648 10/29/02--01036--014 **236.25

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CAULFIELD, JAMES 36 ANDOVER B WEST PALM BEACH FL 33417	Name: Dorothy Kefauver/Seacrest Services, Inc. Street Address (P.O. Box Number is Not Acceptable): 2400 Centre Park West Drive Suite, Apt. #, Etc.: Suite 175 City: West Palm Beach State: FL Zip Code: 33409

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED — REGISTERED AGENT MUST SIGN Date: 10/25/02

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., 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: SIGNATURE REQUIRED 10-23-02 561 242-9126

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10/02 ao