

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 743054**

**1. Corporation Name**

GOLDEN LAKES PROFESSIONAL PARK PROPERTY  
OWNERS ASSOCIATION, INC.

**2. Principal Office Address**

515 N. Flagler Drive

Suite, Apt. #, etc.

Suite 1900

City & State

West Palm Beach, FL

Zip

33401

Country

USA

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT 89-03**

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

06/12/1986

**5. FEI Number**

59-1868241

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

William R. Boose, III

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

515 N. Flagler Drive

Suite, Apt. #, Etc.

Suite 1900

City

West Palm Beach

State

FL

Zip Code

33401

**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

10/27/03

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

| Titles   | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip        |
|----------|--------------------------------------|---|---------------------------|
| Trustee  | Richard B. Crum                      | 515 N. Flagler Dr., Suite 1900                    | West Palm Beach, FL 33401 |
| Director | William R. Boose, III                | 515 N. Flagler Dr., Suite 1900                    | West Palm Beach, FL 33401 |
| Director | Cottie Rankin                        | 515 N. Flagler Dr., Suite 1900                    | West Palm Beach, FL 33401 |
|          |                                      |   |                           |
|          |                                      |   |                           |
|          |                                      |   |                           |

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/03

Date

(561) 832-5900

Daytime Phone #

CR2E081 (10/02)