

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 17 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 745484

1. Corporation Name
TREEBERRY TOWNHOUSE ASSOCIATION, INC.
90 ASSOCIATED PROPERTY MANAGEMENT
1928 LAKE WORTH ROAD
LAKE WORTH, FL 33461

REINSTATEMENT 03

200023912562
10/17/03--01077--013 **236.25

2. Principal Office Address
90 ASSOCIATED PROPERTY MGMT
Suite, Apt. #, etc.
1928 LAKE WORTH RD
City & State
LAKE WORTH, FL
Zip 33461 Country USA

3. Mailing Office Address
90 ASSOCIATED PROPERTY MGMT
Suite, Apt. #, etc.
1928 LAKE WORTH RD.
City & State
LAKE WORTH, FL
Zip 33461 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
510249342
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
ASSOCIATED PROPERTY MANAGEMENT
Street Address (P.O. Box Number is Not Acceptable)
1928 LAKE WORTH ROAD
Suite, Apt. #, Etc.
City
LAKE WORTH
State
FL
Zip Code
33461

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
Date 10/16/03
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
PD	ROSADO, CINDY	4205 TURNBERRY CIR. #604	LAKE WORTH, FL 33467
TD	JENKS, DEBORAH	4211 TURNBERRY CIR. #503	LAKE WORTH, FL 33467
SD	CARMONA, LISETTE	4215 TURNBERRY CIR. #402	LAKE WORTH, FL 33467

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/16/03
Daytime Phone # 649-2952

7/10/20

CR2E081 (10/02)