

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 JAN -6 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 745933

1. Corporation Name

THORNHILL ESTATES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7451 LONDON LANE
BOCA RATON FL 33433

7451 LONDON LANE
BOCA RATON FL 33433



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

4. Date Incorporated or Qualified
To Do Business in Florida

02/13/1979

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2029280

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	SILVERMAN, STUART M	7426 CARRICK TERRACE	BOCA RATON FL 33433
VPD	HARRIS, STEWART	7478 DUBLIN DRIVE	BOCA RATON FL 33433
D	SIEDLER, MARK WALSH, NORMAN	7667 LONDON LN 7548 CARRICK TERRACE	BOCA RATON FL 33433 BOCA RATON FL 33433
D	KILSTEIN, SHARON	7439 LONDON LANE	BOCA RATON FL 33433
D	HARRIS, JEFF	7498 DUBLIN DRIVE	BOCA RATON FL 33433
D	ANDREACCHI, FRANK	7391 LONDON LANE	BOCA RATON FL 33433

8. Name and Address of Current Registered Agent

SILVERMAN, STUART M
2500 N MILITARY TRAIL
SUITE 490
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/4/02

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/4/02

561-289-9319