

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

03 OCT 15 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT ⁰²₀₃

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 746858

1. Corporation Name
NORMANDY "J" ASSOCIATION, INC.

2. Principal Office Address 1315 N.E. 8TH STREET		3. Mailing Office Address 1315 N.E. 8TH STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BOYNTON BEACH, FL		City & State BOYNTON BEACH, FL	
Zip 33426	Country USA	Zip 33426	Country US

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
59-1953437

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
DANNY WILSON

Street Address (P.O. Box Number is Not Acceptable)
1315 N.E. 8TH STREET

Suite, Apt. #, Etc.

City
BOYNTON BEACH

State
FL

Zip Code
33426

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 *Danny Wilson* Date **10-8-03**

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	MILTON KREIZMAN	445 NORMANDY J	DELRAY BEACH, FL 33484
VD	LESTER COHEN	460 NORMANDY J	DELRAY BEACH, FL 33484
SD	SHIRLEY LAUFER	438 NORMANDY J	DELRAY BEACH, FL 33484
TD	SHIRLEY WEINER	439 NORMANDY J	DELRAY BEACH, FL 33484
D	JERALD GOLDSTEIN	457 NORMANDY J	DELRAY BEACH, FL 33484
D	AL KALTER	461 NORMANDY J	DELRAY BEACH, FL 33484

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]* 10/9/03 498-3533

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

CRZE081 (10/02)

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