

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 NOV 12 PM 1:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 05-09

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11/12/09--01039--002 \*\*542.50

CR2E081 (11/09)

DOCUMENT # 749809

1. Corporation Name  
Castel Del Mar Homeowners  
Association Inc.

2. Principal Office Address - No P.O. Box #  
7490 Champagne Pl

Suite, Apt. #, etc.

City & State  
Boca Raton, FL

Zip 33433 Country USA

3. Mailing Office Address  
7490 Champagne Pl

Suite, Apt. #, etc.

City & State  
Boca Raton, FL

Zip 33433 Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida 11/15/1979

5. FEI Number 592381360 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$3.75 Annual Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Marion J Bruckner

Street Address (P.O. Box Number is Not Acceptable)  
7475 Champagne Pl

Suite, Apt. #, Etc.

City Boca Raton State FL Zip Code 33433

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Marion J Bruckner Date 11-10-09  
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
Treas	Marion J Bruckner	7475 Champagne Pl	Boca Raton, FL 33433
VPres	Deborah Tutuianu	7440 Chablis Court	Boca Raton, FL 33433
Pres	Anne Cerce	7440 Champagne Pl	Boca Raton, FL 33433

10. E-mail Address: UNIQUERT@Bellsouth.net  
(To be used for future annual report notification)

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. I further certify, 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: Marion J Bruckner Marion J. Bruckner 11-10-09 561347-7796  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #