PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 10 PM 12:33

DOCUMENT # 750189

1. Corporation Name

Abbey Park Homeowners' Association, Inc.

REINSTATEMENT 02-01

2. Principal Office Address	**3.** Mailing Office Address
P.O. Box 18296	P.O. Box 18296
Suite, Apt. #, etc.	Suite, Apt. #, etc.
WEST PALM Bch FL.	WEST PALM BCH FL.
Zip 33416 / Country	Zip 33416 / Country

4. Date Incorporated or Qualified To Do Business in Florida 1989

5. FEI Number 262883461 ☐ 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

300004851903--6
-10/24/01--01041--013
****787.50 ****87.50

Name: Becher & Polinkoff, P.A.

Street Address (P.O. Box Number is Not Acceptable): 500 Australian Avenue South, 9th Floor

Suite, Apt. #, Etc.:

City: W.P.B. | 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: Guy M. Shir, REGISTERED AGENT MUST SIGN Date: October 5, 2001

CR2E081 (8/90)

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	Steven Tucker	1915 Abbey Rd	WPB FL 33415
VPD	Dorothy Fowler	1869 Abbey Rd	WPB FL 33415
AVPD	Shirley Shaw	1799 Abbey Rd	WPB FL 33415
SD	Stanley Kelly	1891 Abbey Rd	WPB FL 33415
M	WILLIAM MCELWEE	1887 Abbey Rd	WPB FL 33415
			AD

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: DOROTHY K. FOWLER V.PRES. 10/5/01 561-642-8802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #