

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **750189**

1. Corporation Name

ABBEY PARK HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

PO BOX 18296
WEST PALM BEACH FL 33416

Mailing Address

PO BOX 18296
WEST PALM BEACH FL 33416

REINSTATEMENT

FILED
03 OCT 31 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



400024297164
10/31/03--01002--022 **245.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/13/1979

5. FEI Number

26-2883461

Applied For

Not Applicable

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	MCELWEE, WILLIAM	1887 ABBEY RD	WEST PALM BEACH FL 33415
T	ROWLER, DOROTHY	1869 ABBEY ROAD	WEST PALM BEACH FL 33415
M	SINOT, SHIRLEY	1799 ABBEY ROAD	WEST PALM BEACH FL 33415
VPD	STANLEY, KELLY	1891 ABBEY RD	WEST PALM BEACH FL 33415
S	PEREIRA, SUZANNE SR	1817 ABBEY RD	WEST PALM BEACH FL 33415
S	MICHELLE TUCKER	1915 ABBEY RD	WEST PALM BCH, FL 33415

8. Name and Address of Current Registered Agent

BECKER & POLIAKOFF, P.A.
500 AUSTRALIAN AVENUE SOUTH
9TH FLOOR
WEST PALM BEACH FL 33401

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

Kenneth S. Director

REGISTERED AGENT MUST SIGN

Date

10/27/03

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:

DOROTHY K. FOWLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-7-03

Daytime Phone #

561-642-8802