

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 APR -3 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 756682

1. Corporation Name

Fairway Oaks At Boca West Property
Owners' Association, Inc.

W-7481

2. Principal Office Address

3. Mailing Office Address

c/o Lang Management Co., Inc. Same
Suite, Apt. #, etc.

5295 Town Center Rd. #200 Same

City & State

Boca Raton, FL. Same

Zip Country Zip Country
33486 U.S.A. Same Same

4. Date Incorporated or Qualified
To Do Business in Florida

March 9, 1981

5. FEI Number Applied For
59-2117340 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

Name

William K. Isaacson

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

5295 Town Center Road

Suite, Apt. #, Etc.

Suite 200

City

Boca Raton,

800003213638-6
-04/18/00-01117-017
***1338.75 ***1338.75

State
FL

Zip Code
33486

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

REGISTERED AGENT MUST SIGN

Date 2-18-00

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
Pres.	Lee Allen	20149 Fairfax Dr.	Boca Raton, FL. 33434
V.Pres.	Marvine Levine	20172 Northcote Dr.	Boca Raton, FL. 33434
Treas.	Robert M. Levy	20124 Northcote Dr.	Boca Raton, FL. 33434
Sec.	Jerry Lampert	20131 Fairfax Dr.	Boca Raton, FL. 33434
Dir.	Paul Bertola	20185 Fairfax Dr.	Boca Raton, FL. 33434
			KE

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEE ALLEN

FEB 16, 2000

Date

482-7242

Daytime Phone #

CR2E081 (9/99)