

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC -5 AM 8:00

DOCUMENT # N 0000000 7546

1. Corporation Name

POD 10 AT MONARCH LAKES  
PROPERTY OWNERS ASSOCIATION, INC

**REINSTATEMENT** 03

500025253305  
12/05/03--01031--007 \*\*236.25

MRS

2. Principal Office Address

21218 Saint Andrews Blvd

Suite, Apt. #, etc.

Suite 510

City & State

Boca Raton, FL

Zip

33433

Country

3. Mailing Office Address

21218 Saint Andrews Blvd

Suite, Apt. #, etc.

Suite 510

City & State

Boca Raton, FL

Zip

33433

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/13/2000

5. FEI Number

691054907

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

Name

Becken + POUALCOFF

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

3111 STIRLING ROAD

Suite, Apt. #, Etc.

City

FT LAUDERDALE

State

FL

Zip Code

33312

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

12/03/03

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
D	DAVINI, FRANCISCA	21218 Saint Andrews Blvd	Boca Raton FL 33433
D	CULLETON, John	21218 Saint Andrews Blvd	Boca Raton FL 33433
D	ARMAS, CAROLINE	21218 Saint Andrews Blvd	Boca Raton FL 33433

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)(f), 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:

JOHN H CULLETON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

12-03-03

Date

954520 8847

Daytime Phone #

CR2E081 (10/02)