

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 20 11:08:52  
02 NOV 20 11:08:52

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # N01000003266**

1. Corporation Name  
**HAMILTON BAY COMMUNITY ASSOCIATION, INC.**

Principal Place of Business <b>4 HARVARD CIRCLE, SUITE 950 WEST PALM BEACH FL 33409</b>	Mailing Address <b>4 HARVARD CIRCLE, SUITE 950 WEST PALM BEACH FL 33409</b>
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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 <b>05/09/2001</b>	
5. FEI Number <b>31-1210837</b>				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	WELCH, MARK	4 HARVARD CIRCLE, SUITE 950	WEST PALM BEACH FL 33409
STD	MOTZER, HANK	4 HARVARD CIRCLE, SUITE 950	WEST PALM BEACH FL 33409
VD	GONZALEZ, MARILOU	4 HARVARD CIRCLE, SUITE 950	WEST PALM BEACH FL 33409
			800009089648 11/20/02--01005--003 **236.25

8. Name and Address of Current Registered Agent <b>WELCH, MARK 4 HARVARD CIRCLE, SUITE 950 WEST PALM BEACH FL 33409</b>		9. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ Suite, Apt. #, Etc. _____ City _____ State <b>FL</b> Zip Code _____	
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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 \_\_\_\_\_ **SIGNATURE REQUIRED** \_\_\_\_\_ Date **10/21/02**

REGISTERED AGENT MUST SIGN

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)(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:** \_\_\_\_\_ **SIGNATURE REQUIRED** \_\_\_\_\_ Date **10/21/02** Daytime Phone # **471-3440**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/02)