

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC 12 PM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **NO2000000734**

1. Corporation Name

San Sebastian at Mizner Country Club Neighborhood Association, Inc.

2. Principal Office Address

16450 One Mile Road (Lyons)

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

33446

Country

Palm Beach

3. Mailing Office Address

3103 Philmont Avenue

Suite, Apt. #, etc.

City & State

Huntingdon Valley, PA

Zip

19006

Country

Montgomery

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

1/31/02

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

See 75. Additional Fee required for a Certificate of Status.

REINSTATEMENT *03*

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Connie Bryan *Special Assistant Secretary*

REGISTERED AGENT MUST SIGN

Date

12/11/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Michael Donnelly	5300 W. Atlantic Avenue, #300	Delray Beach, FL 33483
V/T/D	Joseph Pease	5300 W. Atlantic Avenue, #300	Delray Beach, FL 33483
V/D	Jeffrey Alexander	5300 W. Atlantic Avenue, #300	Delray Beach, FL 33483

D. 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:

Jeffrey Alexander

Jeffrey Alexander, Secretary/Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/10/07

Date

561-638-4070

Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

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Certificate of Status	0
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