

\$ 358.75

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


07 OCT 25 PM 2: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10/25/07--01040--009 **358.75

REINSTATEMENT 05-07
CR 2081 (1/07)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N 04751**

1. Corporation Name
**Rainberry at West Boca Palms
Owners Association, Inc.**

2. Principal Office Address - No P.O. Box #
**610 TRINITY GROUP OF SOUTH FLORIDA
4722 NW 2ND AVENUE
Suite, Apt. #, etc.
C-110**

3. Mailing Office Address
P.O. Box 6286
Suite, Apt. #, etc.

City & State Boca Raton FL		City & State Boca Raton FL	
Zip 33431	Country USA	Zip 33431	Country USA

4. Date Incorporated or Qualified To Do Business in Florida
8/17/04

5. FEI Number
592465666

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
GLORIA O. NORTH

Street Address (P.O. Box Number is Not Acceptable)
5301 NORTH FEDERAL HIGHWAY #380

Suite, Apt. #, Etc.

City Boca Raton	State FL	Zip Code 33437
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The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 **Gloria O. North** Date **7-16-07**

REGISTERED AGENT MUST SIGN

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
P	JOSEPH DE SCHRYVER	21644 STATE ROAD #7	BOCA RATON FL 33428
VP	GEORGE SCHULMAN	9884 ORANGE PARK TRAIL	BOCA RATON FL 33428
S/T	DR RICHARD PITERA	9980 CENTRAL PARK BLVD # 204	BOCA RATON FL 33428

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 contained in Chapter 119, 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: **Richard Pitera** Date **4/17/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

RICHARD PITERA