

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6384

From:
Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
EMERALD POND HOMEOWNER'S ASSOCIATION, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$420.00

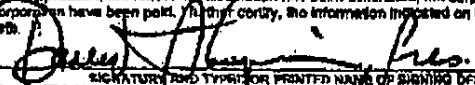
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N05000001183					
1. Corporation Name Emerald Pond Homeowner's Association, Inc.					
2. Principal Office Address - No P.O. Box # 2255 Glades Road			3. Mailing Office Address 2255 Glades Road		
Suite, Apt. #, etc. Suite 324A			Suite, Apt. #, etc. Suite 324A		
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 02/04/2005	
5. FEI Number 20-2342207				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 David Shapiro					
Street Address (P.O. Box Number is Not Acceptable) 2255 Glades Road					
Suite, Apt. #, Etc. Suite 324A					
City Boca Raton		State FL	Zip Code 33431		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0501, F.S. Signature of Registered Agent  Date 1/18/11 REGISTERED AGENT MUST SIGN					
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	David Shapiro	2255 Glades Road, Suite 324A		Boca Raton, FL 33431	
VP/T/D	Reed Berlinsky	2255 Glades Road, Suite 324A		Boca Raton, FL 33431	
S/D	Harry Engelstein	2255 Glades Road, Suite 324A		Boca Raton, FL 33431	
				S. HAWKES	
REINSTATEMENT 2008-11				JAN 31 2011	
10. E-mail Address: Dshap123@aol.com					
(To be used for future annual report notifications)					
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. I further certify 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: 		EXAMINER 1/18/11 SU-PER-5440 Daytime Phone #			

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