

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N08000010527

1. Corporation Name

Association News, Inc.

FILED

16 JUN -3 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address - No P.O. Box #
7000 West Atlantic Avenue

3. Mailing Office Address
7000 West Atlantic Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Delray Beach, FL

City & State
Delray Beach, FL

Zip
33446

Country
Palm Beach

Zip
33446

Country
Palm Beach

4. Date Incorporated or Qualified
To Do Business in Florida

11/17/2008

5. FEI Number

26-2950872

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

SE 75 Additional Fee required
to a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Peter S. Sachs, Sachs Sax Caplan, P.L.

Street Address (P.O. Box Number is Not Acceptable)
6111 Broken Sound Pkwy NW

Suite, Apt. #, Etc.
Suite 200

City
Boca Raton

State
FL

Zip Code
33487

600286503196
06/03/16--01010--004 **420.00

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

Date 5/4/16

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/D	Frank Iovine	7000 West Atlantic Avenue	Delray Beach, FL 33446
D	Robert Lome	7000 West Atlantic Avenue	Delray Beach, FL 33446
D	Patricia Suttleman	7000 West Atlantic Avenue	Delray Beach, FL 33446

REINSTATEMENT

10. E-mail Address: kscheuerman@ssclawfirm.com

(To be used for future annual report notification)

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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Frank Iovine

5/4/16 561 495 6521

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JUN 3 - 2015

M. WILLIAMS