

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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-08/25/99--01084--004  
\*\*\*\*297.50 \*\*\*\*297.50

98-99

DOCUMENT # **N09781** **HOMEOWNERS**  
1. Corporation Name **Boynton Lakes ~~3 H.O.A.~~**  
**ASSOCIATION NO. 3, INC**

Principal Place of Business Mailing Address  
**C/O Gulfstream Services Management**  
**P.O. Box 4225**  
**Boynton Beach, FL 33404**  
If above addresses are incorrect in any way, line through incorrect information and enter correction below.

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 2. New Principal Office Address, If Applicable |  | 3. New Mailing Office Address, If Applicable |  | 4. Date Incorporated or Qualified To Do Business in Florida  |  |
| Suite, Apt. #, etc                             |  | Suite, Apt. #, etc.                          |  | JUNE 17, 1985  |  |
| City & State                                   |  | City & State                                 |  | 5. FEI Number  |  |
| Zip  |  | Country                                      |  | 59-2669689   |  |
|  |  |  |  | 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) |                                      |  |                         |
|---|--------------------------------------|--|-------------------------|
| 1. Title(s)   | 2. Name of Officers and/or Directors | 3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4. City / State / Zip   |
| P.  | DAN VACCO                            | 4 WINEHMORE LA.  | Boynton Beach FL 33426  |
| T.  | Terry Crow                           | 34 FAIRWORTH DR.   | Boynton Beach, FL 33426 |
| S.  | ↑ SAME ↑                             |  |                         |
| V.P.  | Robert Weiss                         | 15 FAULKLAND CIRC  | Boynton Beach, FL 33426 |
| Dir.  | Vincent Burns                        | 22 WELCOTT DRIVE   | Boynton Beach, FL 33426 |
| Dir.  | Sheila Bernstein                     | 75 MAYFAIR LAWE  | Boynton Beach FL 33426  |

|   |  |  |  |
|---|--|--|--|
| 8. Name and Address of Current Registered Agent                                     |  | 9. Name and Address of New Registered Agent  |  |
| Natalie C. Chin-Lenn<br>2300 PALM BEACH LAKES BLVD.<br>SUITE 308 W.P.B. FL<br>33409 |  | Name SAME<br>Street Address (P.O. Box Number is Not Acceptable)<br>Suite, Apt. #. Etc<br>City State Zip Code<br>FL |  |

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.  
Signature of Registered Agent: *[Signature]* REGISTERED AGENT MUST SIGN Date: 8/16/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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: *Daniel C. Vacco* DANIEL C. VACCO 8/13/99 561-964-2265  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (12/98)