

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAY 15 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N16595

1. Corporation Name
THE VILLAGE OF SARATOGA POINTE HOMEOWNERS
ASSOCIATION, INC.

2. Principal Office Address

11380 PROSPERITY FARMS RD

Suite, Apt. #, etc.

#112

City & State

PALM BEACH GARDENS, FL

Zip

33410

Country

USA

3. Mailing Office Address

P.O. BOX 32907

Suite, Apt. #, etc.

City & State

PALM BEACH GARDENS, FL

Zip

33420

Country

USA

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

09/02/1986

5. FEI Number

59-2715861

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

DICKER, EDWARD

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

500 AUSTRALIAN AVENUE SOUTH, CLEARLAKE PLAZA

Suite, Apt. #, Etc.

#600

City

WEST PALM BEACH

500004431035-2

06/20/01-01004-008

****297.50 ****297.50

State
FL

Zip Code
33401

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

Edward Dickler

Date 5/4/01

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	ELLINS, VICTOR	2860 CUYAHOGA LANE	WEST PALM BEACH, FL 33409
V/D	HUGHES, DONALD	2845 CUYAHOGA LANE	WEST PALM BEACH, FL 33409
T/D	PROCTOR, JR, HUGH (SKIP)	2980 BURGOYNE LANE	WEST PALM BEACH, FL 33409
S/D	SIEFERT, TERESA	2865 CUYAHOGA LANE	WEST PALM BEACH, FL 33409
D	HILL, SHARON	2885 CUYAHOGA LANE	WEST PALM BEACH, FL 33409

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 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:

Victor Ellins, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/01
Date

(561)478-2158
Daytime Phone #

CR2E081 (9/00)