

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **N24440**

1. Corporation Name

**MONTEGO BAY AT BOCA POINTE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

3600 SOUTH CONGRESS AVENUE  
SUITE C  
BOYNTON BEACH FL 33426

Mailing Address

**8211 W. Broward Blvd.**  
~~774 WEST OAKLAND PARK BOULEVARD~~  
~~SUITE 204 PH 1~~  
~~FORT LAUDERDALE FL 33351~~  
**US Plantation, FL. 33324**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**8211 W. Broward Blvd**

Suite, Apt. #, etc.

**PH 1**

City & State

**Plantation, FL**

Zip

**33324**

Country

**USA**

3. New Mailing Office Address, If Applicable

**8211 W. Broward Blvd**

Suite, Apt. #, etc.

**PH 1**

City & State

**Plantation, FL**

Zip

**33324**

Country

**USA**

**REINSTATEMENT**

**99**

4. Date Incorporated or Qualified To Do Business in Florida

**01/21/1988**

**SP**

5. FEI Number

**65-0026949**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐ **STATE**

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	4 City / State / Zip
<b>P</b>	<b>SAYLES, MARCIA</b>	<b>2760 MANDELVILLE PLACE</b>	<b>BOCA RATON FL 33433</b>
<b>T, D</b>	<b>Meisel, Mel</b>	<b>6683A Montego Bay Blvd.</b>	
<b>D</b>	<b>FREEDMAN, CRAIG</b>	<b>6712 D. MONTEGO BAY BOULEVARD</b>	<b>BOCA RATON FL 33433</b>
<b>V, P, D</b>	<b>Perry, Edward</b>	<b>6730A Montego Bay Blvd.</b>	
<b>P, D</b>	<b>CHASHIN, BRUCE</b>	<b>6691 D MONTEGO BAY BOULEVARD</b>	<b>BOCA RATON FL 33433</b>
<b>D</b>	<b>REIGH, EVELYN</b>	<b>6650 D MONTEGO BAY BOULEVARD</b>	<b>BOCA RATON FL 33433</b>
<b>V, P, D</b>	<b>KALINSKY, EDWARD</b>	<b>6712 C MONTEGO BAY BOULEVARD</b>	<b>BOCA RATON FL 33433</b>

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**-01/21/00--01002--005**  
**\*\*\*\*\*92.14 \*\*\*\*\*92.14**

8. Name and Address of Current Registered Agent

**FRANK, EFFMAN, WEINBERG, BLACK P.A.**  
**8000 PETERS ROAD**  
**PLANTATION FL 33324**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

**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 REQUIRED**

REGISTERED AGENT MUST SIGN

Date

**11/17/99**

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 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.

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**-01/21/00--01002--007**  
**\*\*\*\*\*89.77 \*\*\*\*\*89.77**

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**11/17/99 561.338.5956**