PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 NOV 15 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N35082

1. Corporation Name

SOUTHWIND ESTATES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9545 Palm Isles Dr. Boynton Beach,FL 33437 U.S.	9545 Palm Isles Dr. Boynton Beach,FL 33437 U.S.

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

REINSTATEMENT 99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida: 11/03/89

5. FEI Number: 65-0169604 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

LS

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
Pres.	Daniel Hammer (DIR)	9791 Harbour Lake Cir.	Boynton Beach, FL 33437
1st V.P.	Hy Frank (DIR)	9882 Harbour Lake Cir.	Boynton Beach, FL 33437
2nd V.P.	Edward Smooke (DIR)	9874 Harbour Lake Cir.	Boynton Beach, FL 33437
Treas.	Julius Wolf (DIR)	7851 Waterfall Terrace	Boynton Beach, FL 33437
Secy.	Richard Weinberg (DIR)	9898 Harbour Lake Cir.	Boynton Beach, FL 33437

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: Sachs, Sax & Klein, P.A.
Street Address (P.O. Box Number is Not Acceptable): 301 Yamato Road
Suite, Apt. #, Etc.: Ste. 4150
City: Boca Raton
State: FL
Zip Code: 33431

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: Spencer Sax
REGISTERED AGENT MUST SIGN
Date: 10/27/99

11. This corporation owes or has paid 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 Hammer — 10/22/99 — 561-369-2995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DANIEL HAMMER