PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
CORPORATION FLORING REMINISTRY EMELO	DEPARTMENT OF STATE Atherine Harris Secretary of State ASION OF CORPORATIONS	SECRETARY OF STATE DIVISION OF CORPORATIONS 2001 AUG 17 AM 11: 52
DOCUMENT # N35410 1. Corporation Name		
PALM BEACH NATIONAL/ST. ANDREWS GLEN, PROPERTY		
OWNERS' ASSOCIATION, -INC.		6000045418260
2. Principal Office Address 3. Mailing Office Address		-08/20/0101042010
7500 ST Andrews BO 7500 ST Andrews PD Suite, Apt. #, etc.		****341.25 ****297.50
		4. Date Incorporated or Qualified To Do Business in Florida
Lake worth FZ Lake	Towth FL	5. FEI Number Applied For
Zip Country Zip	3467 Country	6. CERTIFICATE OF STATUS DESIDED 1: \$8.75 Additional Fee required
33467 P.B. P.	33 P.B.	for a Certificate of Status
Name Name Name		
Street Address (P.O. Box Number is Not Acceptable) 7500 St AODYCUS PO		
Suite, Apt. #, Etc. 7500 St ANDICWS RD FILES FASTING 00-01		
City .		
Lake worth FL 33467		
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 8/1/01		
Registered Agent P/WW D. Code REGISTERED AGENT MUST SIGN Date 8/1/07		
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
Pres Brian Roche	take worth, for 331	
vice ROBERT Robasson	7621 Mackenzue Ct.	
Times Till Al	7601 Mackenzue CT #	113
thas Jake Moore	1621 Mackennet	#221 101: 41 6 00110
Dec. James MAY	Lake worth, FZ 331 7661 Mackenzie Ct	75
Vice Nick Castoro	Lake worth, FL 330	
VICE NATHAN JURIST	7601 Mackenziect = Lake worth, FL 3=	1114 hake worth 92 33467
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 filling 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: MAGALANOT		
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone #		