

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 12 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N35410**

1. Corporation Name
ST. ANDREWS GLEN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 7500 ST. ANDREWS ROAD LAKE WORTH FL 33467	Mailing Address 7500 ST. ANDREWS ROAD LAKE WORTH FL 33467
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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 11/27/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0167585	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	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	4 City / State / Zip
P	ROCHE, BRIAN	7641 MACKENZIE COURT, #312	LAKE WORTH FL 33467
V	ROBERSON, ROBERT	7621 MACKENZIE COURT, #224	LAKE WORTH FL 33467
T	MOORE, JAKE	7601 MACKENZIE COURT, #113	LAKE WORTH FL 33467
SD	MAY, JAMES	7621 MACKENZIE COURT, #221	LAKE WORTH FL 33467
VD	CASTORO, NICK	7661 MACKENZIE COURT, #422	LAKE WORTH FL 33467
VD	JURIST, NATHAN	7601 MACKENZIE COURT, #114	LAKE WORTH FL 33467

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROCHE, BRIAN
7500 ST. ANDREWS ROAD
LAKE WORTH FL 33467

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc. **100009494941**
12/12/02--01124--001 **236.25
City
State **FL** Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent

Brian D. Roche
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/26/02

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.

SIGNATURE:

Brian D. Roche
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/26/02 (367) 965-4617