

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 JUN 19 AM 10:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N35410

1. Corporation Name

St. Andrews Glen Condominium  
Association, Inc.

2. Principal Office Address - No P.O. Box #

7500 St Andrews Rd  
Suite, Apt. #, etc.

3. Mailing Office Address

1109 S. Congress Ave  
Suite, Apt. #, etc.

City & State

Lake Worth FL

City & State

West Palm Beach FL

Zip

33467

Country

USA

Zip

33406

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/27/1989

5. FEI Number

65-0167580

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

Yeend Castaneda & Flynn, LLP

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

1109 S. Congress Avenue

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33406

The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date 6/15/09

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	JOHN SPARKS	7641 Mackenzie Ct #312	Lake Worth FL 33467
T	William Aab	7601 Mackenzie Ct #221	Lake Worth FL 33467
VP	BOB KRAMER	7601 Mackenzie Ct #422	Lake Worth FL 33467
VP	Joanne Carner	7641 Mackenzie Ct #314	Lake Worth FL 33467
S	Carol Silver	7601 Mackenzie Ct #124	Lake Worth FL 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 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 contained in Chapter 119, 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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/16/09 385-8925

Daytime Phone #

629