

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 01 OCT 29 AM 10:03

DOCUMENT # **N35465**

1. Corporation Name  
**SEVEN OAKS HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address

2290 SEVEN OAKS LANE 2290 SEVEN OAKS LANE  
 PALM BCH GARDENS FL 33410 PALM BCH GARDENS FL 33410  
 US US



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

2. New Principal Office Address, If Applicable **2370 Seven Oaks Lane** 3. New Mailing Office Address, If Applicable **2370 Seven Oaks Lane**

Suite, Apt. #, etc.

City & State **Palm Bch. Gardens, FL** City & State **Palm Bch. Gardens, FL**

Zip **33410** Country **U.S.** Zip **33410** Country **U.S.**

4. Date Incorporated or Qualified To Do Business in Florida **11/27/1989**

5. FEI Number **NOT APPLICABLE** Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
DPST	<del>ENDRO, MARTINA</del> Stephen Boyd	<del>2290</del> 2370 SEVEN OAKS LANE	PALM BCH GARDENS FL
D	<del>VERSTEEGEN, HANS H</del> John Textor	<del>2290</del> 2330 SEVEN OAKS LANE	PALM BCH GARDENS FL
D	<del>VERSTEEGEN, ELIZABETH</del> Michael Zappa	<del>2290</del> 2290 SEVEN OAKS LANE	PALM BCH. GARDENS FL
Dpst	Stephen Boyd	2370 Seven Oaks Lane	Palm Bch. Gardens, FL
D	John Textor	2330 Seven Oaks Lane	Palm Bch. Gardens, FL
D	Michael Zappa	2290 Seven Oaks Lane	Palm Bch. Gardens, FL

8. Name and Address of Current Registered Agent

**ENDRO, MARTINA**  
 2290 SEVEN OAKS LANE  
 PALM BCH GARDENS FL 33410

9. Name and Address of New Registered Agent

Name **Stephen Boyd**  
 Street Address (P.O. Box Number is Not Acceptable) **2370 Seven Oaks Lane**  
 Suite, Apt. #, Etc. **Palm Bch. Gardens**  
 City **Palm Bch. Gardens** State **FL** Zip Code **33410**

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** Date **10/20/01**

REGISTERED AGENT MUST SIGN

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: **SIGNATURE REQUIRED** Date **10/20/01** Daytime Phone # **561-799-8013**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/01)

10-26-01

To Whom It May Concern,

Enclosed is completed form that you returned. As per our conversation with you you kept my check. If you need any further information please call at 561-799-0013.

Thank you.

Sincerely,

  
STEPHEN BOYD