

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # N36844

1. Corporation Name

DANFORTH PROPERTY OWNERS' ASSOCIATION, INC.

2. Principal Office Address

10 Central Parkway

Suite, Apt. #, etc.

Suite 150

City & State

Stuart, FL

Zip

34994

Country

MARTIN

3. Mailing Office Address

10 Central Parkway

Suite, Apt. #, etc.

Suite 150

City & State

Stuart, FL

Zip

34994

Country

MARTIN

REINSTATEMENT 9910

4. Date Incorporated or Qualified

To Do Business in Florida - 2-26-90

5. FEI Number

59-006746

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

Jane L. Cornett

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

401 E. Osceola Street

Suite, Apt. #, Etc.

~~First Floor~~

City

Stuart

State

FL

Zip Code

34994

000003377930-7

-08/30/00-01063-020

****297.50 ****297.50

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

REGISTERED AGENT MUST SIGN

Date

8-21-00

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/D	Gregory C. Upham, Sr.	34283 SW Oakhaven Lane	Palm City, FL 34990
VP/D	Ronn Schuman	2271 SW Waterview Place	Palm City, FL 34990
S/T/D	Gene Adams	1897 SW Windcross Run	Palm City, FL 34990

8/24

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gene Adams

Date

7-15-00

Daytime Phone #

561 219-8220

CRP2E081 (8/99)