PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
01 DEC 12 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N95000001148**

1. Corporation Name

THE PHIPPS ESTATES HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
205 VIA TORTUGA PALM BEACH FL 33480	205 VIA TORTUGA PALM BEACH FL 33480

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

2001

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/10/1995

5. FEI Number: 65-0684355 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	SWANSON, DAN E	474 N. COUNTRY RD.	PALM BEACH FL
DV	KIRSCHNER, MITCHELL B	11341 LAKE TREE CT.	BOCA RATON FL
DST	WERTZ, KAREN	22053 PALMS WAY, #103	PALM BEACH FL LS
			800004739298--2 -12/26/01--01077--013 ****175.00 ****175.00
			800004739298--2 -12/26/01--01077--014 *****61.25 *****61.25

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
SWANSON, DAN E 205 VIA TORTUGA PALM BEACH FL 33480	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (9/01)

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 _____ Date Dec. 4, 2001
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: _____ Dan E. Swanson 12/4/01 561 848-2475
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #