

APPLICATION FOR REINSTATEMENT



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

297.50  
Payable to State of Florida  
AND FILED

DOCUMENT # N96000004353  
Corporation Name  
MEDITERRANIA HOMEOWNERS ASSOCIATION, INC.

01 JUN 13 PM 2:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
7122 VIA FIRENZE  
BOCA RATON, FL 33433

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

<input checked="" type="checkbox"/> 2. New Principal Office Address, If Applicable		<input checked="" type="checkbox"/> 3. New Mailing Office Address, If Applicable		<input checked="" type="checkbox"/> 4. Date Incorporated or Qualified To Do Business in Florida	
		<u>7122 VIA FIRENZE</u>		<u>AUGUST 20, 1996</u>	
Suite, Apt., #, etc.		Suite, Apt., #, etc.		5. FEI Number	
				<u>65-0741590</u>	
City & State		City & State		Applied For	
		<u>BOCA RATON FL</u>		<input checked="" type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
<u>33433</u>	<u>USA</u>	<u>33433</u>	<u>USA</u>	<input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRESIDENT	GARY HOPPE	7138 VIA FIRENZE	BOCA RATON, FL 33433
SECRETARY	CHARLOTTE KOLB	7122 VIA FIRENZE	BOCA RATON, FL 33433
TREASURER	DANNY HERMON	7120 VIA MARBELLA	BOCA RATON, FL 33433
DIRECTOR	JOSEPH ORTIZ	7130 VIA FIRENZE	BOCA RATON, FL 33433
DIRECTOR	BENNY MENENDEZ	7169 VIA FIRENZE	BOCA RATON, FL 33433

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
	Name <u>GARY HOPPE</u>
	Street Address (P.O. Box Number is Not Acceptable) <u>7138 VIA FIRENZE</u>
	Suite, Apt., #, Etc.
	City <u>BOCA RATON</u>
	State <u>FL</u>
	Zip Code <u>33433</u>

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: Gary W. Hoppe Date: 5/10/01  
REGISTERED AGENT MUST SIGN

1. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes  No  **REINSTATEMENT 00-01**

2. 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: C. M. KOLB SECRETARY 5/10/01 561 447-4575  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
C. M. KOLB