

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR **09**
REINSTATEMENT



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

FILED

99 DEC 15 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **198000000532**

1. Corporation Name
MIZNER'S PRESERVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
**6465 Tropical Way
Delray Beach, FL 33484**

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

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

3. New Mailing Office Address, If Applicable
**c/o GLEN MANAGEMENT
301 W CAMINO GARDENS BLVD
BOCA RATON, FL
33432 P.B.**

REINSTATEMENT

09

4. Date Incorporated or Qualified To Do Business in Florida **01/29/98**

5. FEI Number Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$875 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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D/P	Stephen Siegel	6465 Tropical Way	Delray Beach, FL 33484
D/V	Paul Asfahl	2700 North Military Trail #360	Boca Raton, FL 33431
D/S/T	Jodi Puder	6465 Tropical Way	Delray Beach, FL 33484
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8. Name and Address of Current Registered Agent
**Eric A. Simon
9050 Pines Boulevard
Suite 250
Pembroke Pines, FL 33024**

9. Name and Address of New Registered Agent
Name **A. GLEN**
Street Address (P.O. Box Number is Not Acceptable)
301 W. CAMINO GARDENS BLVD.
Suite, Apt. #, Etc.
#200
City **BOCA RATON** State **FL** Zip Code **33432.**

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 **12/13/97**
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: **11/02/99**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Stephen Siegel, President

KE

CR2E081 (12/98)