PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1996 NOV -1 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400002000744--5
-11/08/96--01089--011
****175.00 ****175.00

DOCUMENT # N02989

1. Corporation Name: Esplanada at Boca Pointe Homeowners Association, Inc.

Principal Place of Business	Mailing Address
Boca Raton, Fl	1215 E. Hillsboro Blvd. Deerfield Bch.,Fl 33441

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

REINSTATEMENT as well as the old

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing 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:

5. FEI Number 59-2646234 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
P	Volk, Shelly	22584 Esplanada Cir.	Boca Raton, FL 33433
T	Soltz, Sidney	22660 Esplanada Cir.	Boca Raton, FL 33433
S	Goldman, Jesse	22640 Esplanada Cir.	Boca Raton, FL 33433
D	Levine, Irv -D	22647 Esplanada Cir.	Boca Raton, FL 33433
D	Pomeroy, George-D	22589 Esplanada Cir.	Boca Raton, FL 33433
D	Riechenthal, Hal-D	22672 Esplanada Cir.	Boca Raton, FL 33433

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: Campbell Property Management

Street Address (P.O. Box Number Is Not Acceptable): 1215 E. Hillsboro Blvd

Suite, Apt. #, Etc.:

City: Deerfield Bch | State: FL | Zip Code: 33441

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] REGISTERED AGENT MUST SIGN

Date: 10/6/96

400002000744--5
-11/08/96--01089--012
*****61.25 *****61.25

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] No ☐

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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.; and that all fees owed by the corporation have been paid. 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (12/95)