

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

97 JUN -2 AM 5:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 747998

1. Corporation Name

Burwick Homeowners Association, Inc.

Principal Place of Business Mailing Address
7100 Fairway Drive, #29 7100 Fairway Drive, #29
Palm Beach Gardens, FL Palm Beach Gardens, FL
33418 33418

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 7/9/79	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-1969410	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City, State, Zip 4
P/D	Gary Fields	7100 Fairway Drive, #29	Palm Beach Gardens, FL 33418
V/D	Steve Halvorson	7100 Fairway Drive, #29	Palm Beach Gardens, FL 33418
S/T/D	Mark Feldmesser	7100 Fairway Drive, #29	Palm Beach Gardens, FL 33418
D	Lester Larsen	7100 Fairway Drive, #29	Palm Beach Gardens, FL 33418
D	Eckhard Bennewitz	7100 Fairway Drive, #29	Palm Beach Gardens, FL 33418
D	Jerry Gillen	7100 Fairway Drive, #29	Palm Beach Gardens, FL 33418

8. Name and Address of Current Registered Agent

Susan M. Queen
7100 Fairway Drive, #29
Palm Beach Gardens, FL 33418

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Numbers are acceptable)		
City	State	Zip Code
	FL	95-97

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 **5/22/97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **PRESIDENT**

5/23/97

Date

561-625-8588

Daytime Phone #

CR2E040 (12/96)