## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of S⇒te

DIVISION OF CORPORATIONS

DOCUMENT # N - 9400000 6285 (0) 1. Corporation Name

FILED

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\_SECRETARY OF STAFF

Boynton Estates A	Homeownes M	Asociation	p, Ih c	nee annagsee. Pe	ORIDA
Principal Place of Business  953 N. University Drive.  Poral Springs, Fl 33071	Coral spr.	33075			\
If above addresses are incorrect in any way, line thr  2. New Principal Office Address, If Applicable  953 UniVesity Drive  Suite, Apt. #, etc.  City & State	3. New Mailing Office Address,	If Applicable	Date in Corporate in Florida  5. FEI Number 6-2-4-15-86-2-3	12//4/ <del>4,,</del>	Applied For Iot Applicable
Zip Country 1.5.4.  7. Names and Street Addresses of Each Officer and/	Zip Coun 33075 Coun or Director (Florida nonprofit corpor	rations must list at least	6. CERTIFICATE OF STATUS D 3 directors)	ESIRED C	======================================
Title(s) 2 Name of Officers and/or Directors  P.D. Fred Abbo	3 (Do NOT L	treet Address of Each Officer and/or Director Use Post Office Box Nun		City/State/Zip	307/
VD: Larry Abbo	953 U	Inivesity Inivesity D	Drive Cornl -	springs, F2 Springs, F2 33	
			-01	) <del>3115387</del> /31/0001013- **297.50 ****	7
8. Name and Address of Current R	egistered Agent	9. Name	Name and Address of Ne	w Registered Agent	
E. Daniel Lopez -3850-Bird Road -Miumi, FL 33146		Suite, Apt. #, Etc.	Box Number is Not Accepta	State Zip Code	271
10. I, being appointed the registered agent of the above Signature of Registered Agent Agent REG	named corporation, am familiar w	ith and accept the obliga	Date	5. 100	
11. This corporation owes the contangible Personal Propert	current year y Tax due June 30.	Yes 🗆	No 🗹	(See other side for informat on intangible tax.)	lion
12. I certify that I am an officer or director or the receive this reinstatement application, the reason for dissolution owed by the corporation have been paid and the nation this application is true and accurate, and this sign SIGNATURE:	mes of individuals listed on this form	orate name satisfies the immediately for an elect as if made under oath	requirements of section 607.6	3404 047 0404 F O 45-4	