

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV 17 AM 10:28

DOCUMENT # N97000005611

1. Corporation Name

NORTHBORO PARK HISTORIC NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~520 39TH ST~~  
WEST PALM BEACH FL 33407

~~520 39TH ST~~  
WEST PALM BEACH FL 33407



REINSTATEMENT 00

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

2. New Principal Office Address, If Applicable

515 39th Street

3. New Mailing Office Address, If Applicable

515 39th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

10/02/1997

5. FEI Number

65-0813229

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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 3	City / State / Zip 4
PD	ADDLESBURGER, SCOTT	3619 SPRUCE	WEST PALM BEACH FL 33407
VD	BRANCH, DIANE	525 38TH ST	WEST PALM BEACH FL 33407
SD	DEYOUNG, TRICIA	518 39TH ST	WEST PALM BEACH FL 33407
TD	ALAIMO, JOSEPH	520 39TH ST	WEST PALM BEACH FL 33407
PD	Kneiss, Jay	515 39th Street	West Palm Beach, FL 33407
TD	Loyless, David	513 38th Street	West Palm Beach, FL 33407

8. Name and Address of Current Registered Agent

LEECH, GORDON H 000003488029--5  
-12/05/00--01092--012  
400 EXECUTIVE CTR DR  
STE 201  
WEST PALM BEACH FL 33401  
\*\*\*236.25 \*\*\*236.25

9. Name and Address of New Registered Agent

Name Loyless, David

Street Address (P.O. Box Number is Not Acceptable)

513 38th Street

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33407

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/15/00

11. 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

Loyless

11/15/00

Date

(561) 842-1566

Daytime Phone #