

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
TALLAHASSEE, FLORIDA
01 NOV -5 PM 2:39

DOCUMENT # **N97000005611**

1. Corporation Name

NORTHBORO PARK HISTORIC NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

Mailing Address

515 39TH ST
WEST PALM BEACH FL 33407

515 39TH ST
WEST PALM BEACH FL 33407



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified,
If 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
VD	BRANCH, DIANE	525 38TH ST	WEST PALM BEACH FL 33407
SD	DEYOUNG, TRICIA	518 39TH ST	WEST PALM BEACH FL 33407
PD	KNEISS, JAY	515 39TH ST	WEST PALM BEACH FL 33407
TD	LOYLESS, DAVID	513 39TH STREET	WEST PALM BEACH FL 33407
			500004698905--4 -11/29/01--01070--021 ****245.00 ****245.00

8. Name and Address of Current Registered Agent

LOYLESS, DAVID G
513 38TH STREET
WEST PALM BEACH FL 33407

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

David G. Loyless

REGISTERED AGENT MUST SIGN

Date 10/18/01

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:

David G. Loyless

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/18/01

Date

(561) 842-1566

Daytime Phone #

CR2ED40 (8/01)