

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 SEP 13 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N02989**

1. Corporation Name

**ESPLANADA AT BOCA POINTE
HOMEOWNERS ASSOC., INC**

400007899624--2

-09/20/02--01065--010

******122.50 ****122.50**

2. Principal Office Address

3. Mailing Office Address

1215 E HILLSBORO BLVD 1215 E HILLSBORO BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DEERFIELD BCH, FLA DEERFIELD BCH, FLA

Zip

Country

Zip

Country

33441

BROWARD

33441

BROWARD

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/9/84

5. FEI Number

59-2646234

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status.**

7. Name and Address of Current Registered Agent

Name

CAMPBELL PROPERTY MANAGEMENT, INC

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

1215 E HILLSBORO BLVD

Suite, Apt. #, Etc.

City

DEERFIELD BEACH

State

FL

Zip Code

33441

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Lee Morgan

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	LEE MORGAN	22620 ESPLANADA DR 22620 ESPLANADA 4DR	BOCA RATON, FL 33433
V	HAL REICHENTHAL	22672 ESPLANADA CIRCLE	BOCA RATON, FL 33433
S	JERRY RABINOWITZ	22587 ESPLANADA CIRCLE	BOCA RATON, FL 33433
T	SID WENER	22553 ESPLANADA DR	BOCA RATON, FL 33433
D	GEORGE POMEROY	22589 ESPLANADA DR	BOCA RATON, FL 33433
D	ELI DROBIN	22632 ESPLANADA DR	BOCA RATON, FL 33433

10. 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

Lee Morgan - President

8/1/2002

Date

5619923417

Daytime Phone

CR2E081 (9/01)