

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 JUN 11 PM 12:20

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

DOCUMENT # 10/000008532

**1. Corporation Name**

THE PRESERVE AT CRESTWOOD  
HOMEOWNERS' ASSOCIATION, INC.

**REINSTATEMENT**

07

04/18/07 90150  
CR2E081 (1/07)

015  
0125

**2. Principal Office Address - No P.O. Box #**

ASSOCIATED PROPERTY MANAGEMENT

Suite, Apt. #, etc.

1928 LAKE WORTH RD.

City & State

LAKE WORTH, FL

Zip

33461

Country

USA

**3. Mailing Office Address**

ASSOCIATED PROPERTY MANAGEMENT

Suite, Apt. #, etc.

1928 LAKE WORTH RD.

City & State

LAKE WORTH, FL

Zip

33461

Country

USA

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

12/04/2001

**5. FEI Number**

753029649

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

ASSOCIATED PROPERTY MANAGEMENT

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

1928 LAKE WORTH RD.

Suite, Apt. #, Etc.

ET

City

LAKE WORTH

State

FL

Zip Code

33461

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

**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

[Signature]

JOHN MATH

Date 5-14-07

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	MACMILLAN, JOHN	218 PRESERVE CT.	ROYAL PALM BEACH, FL 33411
VP	PARREIRA, FRANCISCO	223 PRESERVE CT.	ROYAL PALM BEACH, FL 33411
ST	KORBELAK, CHRISTOPHER	200 PRESERVE CT.	ROYAL PALM BEACH, FL 33411

05/18/07-01029-002 \*\*175.00

**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 contained in Chapter 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/7/07

Daytime Phone #