

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N26810			
1. Corporation Name MANCHESTER HOMEOWNERS ASSOCIATION, INC.			
2. Principal Office Address - No P.O. Box # 20704X CORNELIUS SWIFT ROAD 4732 AVE 2ND AVENUE C-110 Suite, Apt. #, etc. C-110		3. Mailing Office Address P.O. Box 6286 Suite, Apt. #, etc.	
City & State Boca Raton FL		City & State Boca Raton FL	
Zip 33431	Country USA	Zip 33427	Country USA
4. Date incorporated or Qualified To Do Business in Florida 6/7/1988			
5. FBI Number 65 0054008		Adopted Pw. Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐ CP2001 (UOT)			
7. Name and Address of Current Registered Agent Name: GLORIA O. NORTH Street Address (P.O. Box Number is Not Applicable) 5301 N. Federal Highway Suite, Apt. #, Etc. 380 City Boca Raton State FL Zip Code 33431			
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S. Signature of Registered Agent Gloria O. North Date 9-19-07 REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	DR GERALD RUTH	5113 SUFFOLK DRIVE	Boca Raton, FL 33496
S/T/D	DR BERT STAVITSKY	5034 SUFFOLK DRIVE	Boca Raton, FL 33496
V/D	STEVE NICOLL	5208 SUFFOLK DRIVE	Boca Raton, FL 33496
D	MARVIN TAPPEL	5045 SUFFOLK DRIVE	Boca Raton, FL 33496
D	RICHARD SPIEGEL	5172 SUFFOLK DRIVE	Boca Raton, FL 33496
D	MARVIN FOGELMAN	5173 SUFFOLK DRIVE	Boca Raton, FL 33496
D	STANLEY SCHER	5263 SUFFOLK DRIVE	Boca Raton, FL 33496
10. I certify that I am an officer or director of 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: Gerald Ruth SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

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