

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP 18 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 743713

1. Corporation Name

NORMANDY A ASSOCIATION,
INC.

REINSTATEMENT 02-03

2. Principal Office Address

c/o Wilson Landscaping
+ Management
1315 NW 8th Street

3. Mailing Office Address

c/o
Wilson Landscaping
+ Management
1315 NW 8th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

City & State

Boynton
Beach FL

Zip

33426

Country

USA

Zip

33426

Country

USA

0000023166100

09/18/03--01014--005 **297.50

4. Date Incorporated or Qualified
To Do Business in Florida

7-25-78

5. FEI Number

591892549

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

Robert BURR, Esq.

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

JAY STEVEN LEVINE, P.A.

Suite, Apt. #, Etc.

2500 N. Military Trail, Suite 490

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 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Robert B. Burr

Date

9-15-03

REGISTERED AGENT MUST SIGN

ROBERT B. BURR

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/D	Lyn Earnhardt	37 Normandy A	Delray Beach FL 33484
VP/D	Abe Levy	36 Normandy A	Delray Beach, FL 33484
S/D	Cynthia Porter	27 Normandy A	Delray Beach FL 33484
F/D	Samuel Gensler	10 Normandy A	Delray Beach FL 33484

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)(l), 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:

Lyn Earnhardt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-15-03

Date

Daytime Phone #

561-638-1201

CR2E081 (10/02)