

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 749055

1. Corporation Name

Park Place Townhome Association, Inc.

2. Principal Office Address

9112 Alt. A1A

Suite, Apt. #, etc.

Suite 215

City & State

North Palm Beach, FL

Zip

33403

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

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

9/25/79

5. FEI Number

591941627

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

James N. Krivok, Esq. c/o Dicker, Krivok & Stoloff, P.A.

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

1818 Australian Avenue South

Suite, Apt. #, Etc.

Suite 400

City

West Palm Beach

State

FL

Zip Code

33409

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

REGISTERED AGENT MUST SIGN

Date

9-24-03

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	Ralph L. Spotts	5100 B Elmhurst Road	West Palm Beach, FL 33417
S/T	Hope Veverka	5060 E Elmhurst Road	West Palm Beach, FL 33417
D	Justin Goodbread	5050 F Elmhurst Road	West Palm Beach, FL 33417

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

9-21-03

Date

(561) 471-4190

Daytime Phone #

FILED

03 SEP 25 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10/17/03--01015--007 **306.20

REINSTATEMENT 02-03

CR2E081 (10/02)