

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN 11 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 722508

1. Corporation Name

Boynnton Center #4
Condominium Association Inc.

2. Principal Office Address

45 Cedar Circle

Suite, Apt. #, etc.

City & State

Boynnton Beach, FL

Zip

33436

Country

Palm Beach

3. Mailing Office Address

45 Cedar Circle

Suite, Apt. #, etc.

City & State

Boynnton Beach, FL

Zip

33436

Country

Palm Beach

REINSTATEMENT 7405

4. Date Incorporated or Qualified
To Do Business in Florida

1-24-72

5. FEI Number

☒ 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

Deborah Murphy

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

6803 Dryden Court

Suite, Apt. #, Etc.

City

Boynnton Beach, FL

State

FL

Zip Code

33436

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

Deborah Murphy
REGISTERED AGENT MUST SIGN

Date 12/28/2004

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	Deborah Murphy	6803 Dryden Court	Boynnton Beach, FL 33436
V	Micheline Many	1001 Coral Court	Boynnton Beach, FL 33436
T/S	Mary Vento	45 Cedar Circle	Boynnton Beach, FL 33436

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:

Deborah Murphy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/28/2004 561-436-8537

Date

Daytime Phone #

CR2E081 (01/04)