PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 10 PM 4:00

DOCUMENT # **742741**

1. Corporation Name

ANDOVER H CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
ANDOVER H CENT. VILLAGE H-188 WEST PALM BEACH FL 33417	ANDOVER H CENT. VILLAGE H-188 WEST PALM BEACH FL 33417

REINSTATEMENT 01

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 05/08/1978

5. FEI Number: 59-1636599 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

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-12/27/01--01035--010
****236.25 ****236.25

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City, State, Zip
~~TD~~ PD	~~MANN, SIDNEY~~ GOLDHILL, ARTHUR	~~ANDOVER H-188~~ ANDOVER H-196	~~W PALM BEACH FL 33417~~ WPB 33417
~~PD~~ TD	~~ESCOTT, BEA~~ NILAND, THOMAS	ANDOVER H-~~188~~	WEST PALM BEACH FL 33417
VPD	CORNELL, ELIZABETH	ANDOVER H-197	WEST PALM BCH FL 33417
SD	BANAS, BRENDA	ANDOVER H-205	W PALM BEACH FL 33417
~~TBM~~	~~RUBIN, GLADYS~~	~~ANDOVER H-199~~	~~W PALM BEACH FL~~ 33417
TBM	WEINTRAUB, SONNY	ANDOVER H-187	W. PALM BEACH FL 33417

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
~~MANN, SIDNEY~~ ~~ANDOVER H-188~~ ~~W PALM BCH FL 33417~~	Name: Thomas Niland Street Address (P.O. Box Number is Not Acceptable): 201 - Andover H. Suite, Apt. #, Etc.: City: W. P. Beach FL State: FL Zip Code: 33417

CR2E040 (8/01)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Thomas Niland (SIGNATURE REQUIRED) Date: 10/16/01
REGISTERED AGENT MUST SIGN

11. 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: Arthur Goldhill 11 AU
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #