

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUL -8 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 744007

1. Corporation Name

Whippoorwill Lakes Property
Owners Association, Inc.

2. Principal Office Address

2994 Jog Road

Suite, Apt. #, etc.

Suite B

City & State

Greenacres, FL

Zip

Country

33467

USA

3. Mailing Office Address

2994 Jog Road

Suite, Apt. #, etc.

Suite B

City & State

Greenacres, FL

Zip

Country

33467

USA

REINSTATEMENT 02-03

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

08/22/78

5. FEI Number

59-2175457

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

cmc management, Inc. Attn: Scot Gerrish

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

2994 Jog Road

Suite, Apt. #, Etc.

Suite B

City

Greenacres, FL 33467

400021352304

07/07/03--01068--002 **297.5

State

FL

Zip Code

33467

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 06/23/03

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
PD	H. Burton Smith	825 Whippoorwill Trail	West Palm Beach, FL 33411
VPD	Lourdes Alonso	732 Whippoorwill Trail	West Palm Beach, FL 33411
SD	marie vazquez	890 Whippoorwill Way	West Palm Beach, FL 33411
TD	max Kolshak	800 Whippoorwill Trail	West Palm Beach, FL 33411
D	mathew sherman	864 Whippoorwill Row	West Palm Beach, FL 33411
D	Joel Wieder	799 Whippoorwill Row	West Palm Beach, FL 33411
D	Gary Zaniewski	970 Whippoorwill Trail	West Palm Beach, FL 33411

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:

H. Burton Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H. BURTON SMITH

6/26/04

Date

(561) 641-1016

Daytime Phone #

CR2E081 (10/02)