

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 745149

1. Corporation Name

VILLAGE OF PEPPERTREE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**23123 State Road 7, #350-A
Boca Raton, FL 33428**

**c/o R.M.C., Inc.
P.O. Box 97-0069
Boca Raton, FL 33497-0069**

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

Palm Beach

Zip

Country

Palm Beach

4. Date Incorporated or Qualified To Do Business in Florida

December 6, 1978

5. FEI Number

59-1894221

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DP	Mayer Sudock	19674 Sawgrass Drive, #6101	Boca Raton, FL 33434
DS	Arthur Charwat	19674 Sawgrass Drive, #6102	Boca Raton, FL 33434
DT	Isabel Kaston	20040 Sawgrass Lane, #4402	Boca Raton, FL 33434
D	Robert Greenberg	19790 Sawgrass Drive, #3601	Boca Raton, FL 33434
D	Walter Sands	19880 Sawgrass Lane, #3901	Boca Raton, FL 33434

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name **Gary Palombi c/o R.M.C., Inc.**
Street Address (P.O. Box Number is Not Acceptable)
23123 State Road 7,
Suite, Apt. #, Etc. **350-A**
City **Boca Raton**

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

REGISTERED AGENT MUST SIGN

Date **May 7, 1997**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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

Mayer Sudock, President

May 7, 1997

(561) 479-3561

Date

Daytime Phone #

FILED
97 MAY 27 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 83-97

CR2E040 (12/96)