

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

DOCUMENT # **745754**

97 DEC 15 AM 11:20

1. Corporation Name
SANDTREE HOME OWNERS ASSOCIATION, INC.

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business
 P.O. BOX 12243
 LAKE PARK FL 33403-7243

Mailing Address
 P.O. BOX 12243
 LAKE PARK FL 33403-7243



REINSTATEMENT 9/700

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc. PO Box 30481		Suite, Apt. #, etc. PO Box 30481		01/30/1979	
City & State Palm Beach Gdns, FL		City & State Palm Beach Gdns, FL		5. FEI Number 59-2044022	
Zip 33420		Zip 33420		Country USA	
				Applied For <input type="checkbox"/>	
				Not Applicable <input type="checkbox"/>	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
VBT PDO	LENTZ, DONNA <i>President</i>	511 SANDTREE DR.	PALM BCH GARDENS FL 33403
DST SOY.	SHEEHAN, CHRISTINE MAGUIRE, MARCIE	909 SANDTREE DR <i>328 Sandtree Dr.</i>	PALM BCH GRDNS FL 33403 <i>Palm Beach Gardens Fl. 33403</i>
DTA	LENTZ, SYDNEY <i>TOMCZYK MARY</i>	906 SANDTREE DR. <i>906 SANDTREE DRIVE</i>	PALM BEACH GARDENS FL 33403 <i>Palm Beach Gardens, Fl. 33403</i>
PDT	COUGINS, PATRICK	911 SANDTREE DR.	PALM BEACH GARDENS FL 33403
			100002376011--8 -12/17/97--01119--025 ****175.00 ****175.00
			100002376011--8 -12/17/97--01119--026 ****175.00 ****175.00

8. Name and Address of Current Registered Agent

9. Name and Address of Current Registered Agent

BECKER, POLIAKOFF, & STREITFELD P.A.
 REFLECTION BUILDING, SUITE 700
 450 AUSTRALIAN AVE. S.
 W. PALM BEACH FL 33401-2034

Name
Becker & Poliakoff, P.A.
 Street Address (P.O. Box Number is Not Acceptable)
500 Australian Avenue South
 Suite, Apt. #, Etc.
9th Floor
 City
West Palm Beach State
FL Zip Code
33401

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 *[Signature]* **Kenneth S. Director** Date **12/2/97**
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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]* PRES. SAA. 12-5-97 (561)625-0201
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/97)