

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

98 NOV -9 PM 3:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 746865 ?

1. Corporation Name

CAMINO REAL VILLAGE ASSOCIATION, Inc

Principal Place of Business

Mailing Address

C/O Campbell Prop.  
1215 e, Hillsboro Blvd.  
Deerfield Beach, Fl 33441

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

5. FEI Number

59-2051967

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)

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
PRES	TEIFER, STEPHEN	5900 Camino Del sol #407	Boca Raton, Fl 33433
V.Pre	BREMKE, ROBERT	5900 Camino Del Sol #104	Boca Raton, Fl 33433
TREAS.	SALTZMAN, CHARLES	5801 Camino Del sol #300	Boca Raton, Fl 33433
D	Walters, Ann	5901 Camino Del Sol #202	Boca Raton, Fl 33433
D	Yaffe, Bill	5801 Camino Del sol #304	Boca Raton, Fl 33433
D	Risoff, WALT	5700 Camino Del Sol #200	Boca Raton, Fl 33433

8. Name and Address of Current Registered Agent

CAMPBELL PROPERTY MANAGEMENT  
1215 E. Hillsboro Blvd.  
Deerfield Beach, Fl 33441

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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]*

William B. Campbell, III

Date

(See other side for information  
on intangible tax.)

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

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

CHARLES J. SALTZMAN

Date

Daytime Phone #

561-338-3632

CR2E040 (1/98)