

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **749648**

1. Corporation Name

JUPITER VILLAGE COMMUNITY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~8259 N MILITARY TR
 SUITE 11
 WEST PALM BEACH FL 33410~~

~~8259 N MILITARY TR
 SUITE 11
 WEST PALM BEACH FL 33410~~

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. **PO Box 2050**
 City & State **Jupiter, FL**
 Zip **33468** Country **USA**

Suite, Apt. #, etc. **PO Box 2050**
 City & State **Jupiter, FL**
 Zip **33468** Country **USA**

4. Date Incorporated or Qualified To Do Business in Florida

11/02/1979

5. FEI Number

59-1978912

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	4 City / State / Zip
DVP	METZLER, CHARLES A Jared Rindfusz	122 OAKWOOD DRIVE 2581 Jup Park Dr.	JUPITER FL 33458
TD	SHAW, DARLENE A	162 GREENTREE CIRCLE Suite E-3 2581 Jup Park Dr.	JUPITER FL 33458
VPO PD	GANNIS, DAVID	8259 N MILITARY TR, #11 Suite E-3 2581 Jup Park Dr.	WEST PALM BEACH FL 33410 Jupiter, FL 33458
			100004685951-7 -11/16/01--01087--003 ***236.25 ***236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~ZINK, KAREN
 8259 N MILITARY TRAIL
 SUITE 11
 WEST PALM BEACH FL 33410~~

Name
 Street Address (P.O. Box Number is Not Acceptable)
2581 Jupiter Park Dr
 Suite, Apt. #, Etc.
Suite E-3
 City **Jupiter** State **FL** Zip Code **33458**

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 *Karen Zink* REGISTERED AGENT MUST SIGN Date 10/22/01

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: *David L. Gannis* **DAVID L. GANNIS** Date 10/22/01 (SW) 575-7136 Daytime Phone #

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 OCT 29 PM 3:29
 61.25
 never closed
 1178
 4/16/01



REINSTATEMENT

CR2E040 (8/01)