

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 749809

1. Corporation Name

Castel Del Mar Homeowners
Association Inc.

2. Principal Office Address - No P.O. Box #

7490 Champagne Pl

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33433

Country

USA

3. Mailing Office Address

7490 Champagne Pl

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33433

Country

USA

7. Name and Address of Current Registered Agent

Name

Marion J Bruckner

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

7475 Champagne Pl

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33433

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

Marion J Bruckner

REGISTERED AGENT MUST SIGN

Date 11-10-09

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
Treas	Marion J Bruckner	7475 Champagne Pl	Boca Raton, FL 33433
VPres	Deborah Tutuianu	7440 Chablis Court	Boca Raton, FL 33433
Pres	Anne Cerce	7440 Champagne Pl	Boca Raton, FL 33433

10. E-mail Address: UNIQUERT@Bellsouth.net

(To be used for future annual report notification)

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. I further certify, 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:

Marion J Bruckner

Marion J. Bruckner

11-10-09 561347-7796

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

09 NOV 12 PH 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-09

100162766191
11/12/09--01039--002 **542.50

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

11/15/1979

5. FEI Number

592381360

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Annual Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.