

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 20 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 750559

1. Corporation Name

RANGER CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #
100 VENETIAN DRIVE

3. Mailing Office Address
100 VENETIAN DRIVE

Suite, Apt. #, etc.
UNIT 2

Suite, Apt. #, etc.
UNIT 2

City & State
DELRAY BEACH, FL

City & State
DELRAY BEACH, FL

Zip Country
33483 USA

Zip Country
33483 USA

200151473802
04/21/09--01022--022 **490.00

REINSTATEMENT 02-09

4. Date Incorporated or Qualified
To Do Business in Florida 1/10/1980

5. FEI Number ☐ Applied For
☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Michael E. Chapnick, Esq.

Street Address (P.O. Box Number is Not Acceptable)
100 East Linton Boulevard

Suite, Apt. #, Etc.
Suite 502B

City
Delray Beach

State Zip Code
FL 33483

☒ 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.

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

Date 4/15/2009

REGISTERED AGENT MUST SIGN

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
PD	Carol Pearson	100 VENETIAN DRIVE	Delray Beach, Florida 33483
VPD	Jeff Shaffer	620 N.E. 6th Street	Delray Beach, Florida 33483
SD	Phyllis Martini	1127 N.W. 3rd Avenue	Delray Beach, Florida 33444
TD	Carol Pearson	100 VENETIAN DRIVE	Delray Beach, Florida 33483

10. 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 contained in Chapter 119, 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:

Carol Pearson Carol Pearson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/14/09 561-213-

Daytime Phone # 3440