PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2006 SEP 29 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 752199

1. Corporation Name
Palm Beach Community Managers Association, Inc ~~(00600032246)~~

REINSTATEMENT 04-06
CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
127 Puffin Ct.	P.O. Box 507
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Royal Palm Bch, Fl	City & State: Lake Worth, Fl.
Zip: 33411 Country: USA	Zip: 33460 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 5-01-96

5. FEI Number: 592676472 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $30.00 Additional Fee required for Certificate of Status

7. Name and Address of Current Registered Agent

Name: Swan Denger

Street Address (P.O. Box Number is Not Acceptable): 127 Puffin Ct.

10/10/06--01067--011 **87.50

Suite, Apt. #, Etc.

City: Royal Palm Beach | State: FL | Zip Code: 33411

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: Swan Denger Date:
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
Pres.	Swan Denger	1701 S. Flagler	WPB, Fl 33401
VP	Cheryl Hoste	3140 S. OCEAN BLVD	Palm Bch, Fl. 33480
Sec.	Alice Hodach	400 S. OCEAN BLVD	Palm Bch, Fl. 33480
Treas	Mark Castiglione	2850 S. OCEAN BLVD	Palm Bch, Fl. 33480
D	Steve Whitehurst	3520 S. OCEAN BLVD	Palm Bch, Fl. 33480
D	Ned Fleming	5540 N. OCEAN DR.	Riviera Bch, Fl. 33404

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: Swan Denger 9/13/06 561-832-4183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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