

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 OCT 23 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 753456

1. Corporation Name

Jupiter Professional Building
Condominium Owners Association, Inc.

800137210168

10/23/08--01024--013 **857.50

REINSTATEMENT

95-08

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

311W. Indiantown Rd.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite 7

Suite, Apt. #, etc.

City & State

Jupiter, Florida

City & State

Zip

33458

Country

US

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/23/80

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

Bruce R. Boyd

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

311 W. Indiantown Road

Suite, Apt. #, Etc.

Suite 7

City

Jupiter

State
FL

Zip Code
33458

☒ 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 10-9-08

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
D	Bruce R. Boyd	311 W. Indiantown Road	Jupiter, FL 33458
D	Sara Boyd	311 W. Indiantown Road	Jupiter, FL 33458
D	Cindy Boyd	311 W. Indiantown Road	Jupiter, FL 33458

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-9-08

Date

561-743-9737

Daytime Phone #

10/23