

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 JAN -5 PM 2:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 755559

**1. Corporation Name**

Jupiter Village Phase 5 HOA, Inc

400003532654--1

-01/11/01--01042--011

\*\*\*\*236.25 \*\*\*\*236.25

**2. Principal Office Address**

8259 N. Military Trail #11

Suite, Apt. #, etc.

**3. Mailing Office Address**

(Same)

Suite, Apt. #, etc.

**City & State**

Palm Beach Gardens, FL 33410

Zip Country

33410 USA

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

**5. FEI Number**

59-2199604

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**

Karen Zink

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

8259 N. Military Trail, Suite 11

Suite, Apt. #, Etc.

**City**

PBG

**State**

FL

**Zip Code**

33410

**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

*[Signature]*

Date

1/3/01

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	David Gannis	140 Timberline Dr	Jupiter, FL 33458
VPD	Steven Defelix	114 Chadwick Dr	Jupiter, FL 33458
TD	Edward Pepper	148 Timberline Dr	Jupiter, FL 33458
SD	Elinor Dickinson	114 Timberline Dr	Jupiter, FL 33458

REINSTATEMENT 00118

**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 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*

1-3-01

Date

561-575-7136

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CP2E081 (9/99)