

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

*9/18/96*  
**MARK**  
**FILED**  
*11:20pm*

**APPLICATION FOR REINSTATEMENT**

DOCUMENT # **758252** *Filed as A/R* 96

SEP 20 AM 7:44

1. Corporation Name  
**SAN SIMEON HOMEOWNERS ASSOCIATION, INC.**

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business  
*21702*  
~~21654~~ SAN SIMEON CIR  
 BOCA RATON FL 33433  
 US

Mailing Address  
*21702*  
~~21654~~ SAN SIMEON CIR  
 BOCA RATON FL 33433  
 US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable <i>21702 SAN SIMEON CIRCLE</i>		3. New Mailing Office Address, If Applicable <i>21702 SAN SIMEON CIRCLE</i>		4. Date Incorporated or Qualified To Do Business in Florida <b>10/30/1981</b>	
City & State		City & State		5. FEI Number <b>59-2371918</b>	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<i>P</i>	<del>SHANE, RONALD</del>	<del>21670 SAN SIMEON CIR.</del>	BOCA RATON FL 33433
<i>D</i>	<i>KEITH DUFFY</i>	<i>21702 " " "</i>	BOCA RATON FL 33433
<i>VD</i>	KOLTES, JOAN	<del>21654 SAN SIMEON CIR.</del>	BOCA RATON FL 33433
<del>VD</del>	<del>DUFFY, KEITH</del>	<del>21707 SAN SIMEON CIRCLE</del>	BOCA RATON FL 33433
<i>V</i>	<i>Flicker, MARK</i>	<i>21726 " " "</i>	BOCA RATON FL 33433
<i>S</i>	LITOKIN, BERNARD	<del>21686 SAN SIMEON CIR.</del>	BOCA RATON FL 33433
	<i>RUBIN, JANET</i>	<i>21694 " " "</i>	BOCA RATON FL 33433
<i>TD</i>	<del>SCHWARZ, HELOA</del>	<del>21654 SAN SIMEON CIR.</del>	BOCA RATON FL 33433
	<i>Roome Jr, James J</i>	<i>21702 " " "</i>	BOCA RATON FL 33433

600001975516-0  
 10/15/96-01225-024  
 \*\*\*\*\*61.25 \*\*\*\*\*61.25

8. Name and Address of Current Registered Agent

~~SCALZI, ROBERT~~  
 21876 SAN SIMEON CIR  
 BOCA RATON FL 33433

James J. Roome, Jr.  
 21702 San Simeon Cr.  
 Boca Raton, FL 33433

9. Name and Address of New Registered Agent

Name  
*Roome Jr, James J*

Street Address (P.O. Box Number is Not Acceptable)  
*21702 SAN SIMEON CIRCLE*

Suite, Apt. #, Etc.

City  
*Boca Raton*

State  
**FL**

Zip Code  
**33433**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *James J Roome Jr* Date *9/18/96*  
 REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. 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)(l), 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: *James J Roome Jr* Date *9/18/96* Daytime Phone # *561-392-8041*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
*MWB 924-96*

CPRE040 (7/96)