

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 OCT 24 AM 11:40

DOCUMENT # F99000004039

1. Corporation Name

HOME DEVCO/TIVOLI, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
400003455364--0
-11/07/00--01074--014
****758.75 ****758.75



Principal Place of Business

Mailing Address

101 WESTLAKE DRIVE
BOYNTON BEACH FL 33436

101 WESTLAKE DRIVE
BOYNTON BEACH FL 33436

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/06/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

06-1553549

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ \$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	SWARTZ, RICHARD	101 WESTLAKE DRIVE	BOYNTON BEACH FL 33436
S	PACCOHA, STEVEN STEPHEN	101 WESTLAKE DRIVE	BOYNTON BEACH FL 33436
TD	STEINBERG, ANDREW	101 WESTLAKE DRIVE	BOYNTON BEACH FL 33436
TD	SWARTZ, RICHARD	101 WESTLAKE DRIVE	BOYNTON BEACH FL 33436
S	PACCOHA, STEPHEN	101 WESTLAKE DRIVE	BOYNTON BEACH FL 33436
PD	STEINBERG, ANDREW	101 WESTLAKE DRIVE	BOYNTON BEACH FL 33436

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Barbara A. Burke

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

Date

10-23-00

REGISTERED AGENT MUST SIGN

11. 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:

Stephen F. Pacocha
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Stephen F. Pacocha

10-12-00
Date

561 364 9664
Daytime Phone #

CR2E040 (9/00)