

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR *96*  
REINSTATEMENT



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

FILED

96 NOV 18 AM 11:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **G01297**

1. Corporation Name

**RAINBERRY DEVELOPERS FOUR, INC.**

Principal Place of Business

Mailing Address

1900 GLADES ROAD  
SUITE 400  
BOCA RATON FL 33431  
US

1900 GLADES ROAD  
SUITE 400  
BOCA RATON FL 33431  
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/24/1982

5. FEI Number

59-2221290

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
VD	FLACK, ROY	4050 N. OCEAN DRIVE, APT. 103	SINGER ISLAND FL
PD	SIEMENS, RICHARD	4800 N. FEDERAL HIGHWAY, SUITE 2	BOCA RATON FL
VS	KATZ, STANLEY	1900 GLADES ROAD, SUITE 400	BOCA RATON FL
AS	FLACK, ROY	4050 N. OCEAN DRIVE, APT 103	SINGER ISLAND FL
VD	KATZ, STANLEY	1900 GLADES ROAD, SUITE 400	BOCA RATON FL

8. Name and Address of Current Registered Agent

KORNFELD, GARY L  
1400 CENTRE PARK BOULEVARD, SUITE 1000  
WEST PALM BEACH FL 33401

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

900002011599--5

City

11/21/96-01093-004

\*\*\*375.00 \*\*\*375.00

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

**SIGNATURE REQUIRED**

Date

11/13/96

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)(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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROY FLACK, V.P., Dir.

10/21/96

Date

Daytime Phone #

417-845-1457