

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 DEC 31 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H30031

1 Corporation Name

NARANJA LAKE DEVELOPMENT CORP.

Principal Place of Business

10323 SOUTHERN BOULEVARD
ROYAL PALM BEACH FL 33411

Mailing Address

10323 SOUTHERN BOULEVARD
ROYAL PALM BEACH FL 33411

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

2. New Principal Office Address, If Applicable
18679 S.E. Federal Hwy

3. New Mailing Office Address, If Applicable
18679 S.E. Federal Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tequesta, Florida

City & State
Tequesta, Florida

Zip
33469

Country
USA

Zip
33469

Country
USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

11/10/1991

5. FEI Number

59-2547708

Applied For

Not Applicable

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)

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
P	MILLER, ROBERT L.	10397 SOUTHERN BLVD 18679 S.E. Federal Hwy	ROYAL PALM BEACH FL Tequesta, FL
V	AUSTIN, CHRIS	10397 SOUTHERN BLVD 18679 S.E. Federal Hwy	ROYAL PALM BEACH FL Tequesta, FL
XXX	ABLE, DIANE	10397 SOUTHERN BLVD	ROYAL PALM BEACH FL
V	Daren L. Rubenfeld	18679 S.E. Federal Hwy	Tequesta, FL

8. Name and Address of Current Registered Agent

ABLE, DIANE L.
10397 SOUTHERN BLVD.
ROYAL PALM BEACH FL 33411

9. Name and Address of New Registered Agent

Name
Daren L. Rubenfeld
Street Address (P.O. Box Number is Not Acceptable)
18679 S.E. Federal Hwy
Suite, Apt. #, Etc.
City
Tequesta
FL 33469

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]
REGISTERED AGENT MUST SIGN

Date 12/29/96

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]
Daren L. Rubenfeld
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/29/96
Date

(561) 743-0014
Daytime Phone #