

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **H33194**

1 Corporation Name

NEWBERRY SQUARE DEVELOPMENT CORP.

FILED

96 DEC 31 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Suite, Apt. #, etc.

City & State
Tequesta, Florida

Zip
33469

Country
USA

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

Suite, Apt. #, etc.

City & State
Tequesta, Florida

Zip
33469

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/07/1984

5. FEI Number

59-2547973

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
PD	MILLER, ROBERT L.	10323 SOUTHERN BLVD 18679 S.E. Federal Hwy	ROYAL PALM BEACH FL Tequesta, FL
V	AUSTIN, CHRISTOPHER	10323 SOUTHERN BLVD 18679 S.E. Federal Hwy	ROYAL PALM BEACH FL Tequesta, FL
XSDX	ABLE, DIANE	10323 SOUTHERN BLVD	ROYAL PALM BEACH FL
V	Rubinfeld, Daren L.	18679 S.E. Federal Hwy	Tequesta, FL

REINSTATEMENT

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. Rubinfeld
Street Address (P.O. Box Number is Not Acceptable)
18679 S.E. Federal Hwy
Suite, Apt. #, Etc.

City
Tequesta

State
FL

Zip Code
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

9000027996279--4

01/03/97--01134--003

***383.75 ***383.75

(See other side for information
on Intangible tax.)

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

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. Rubinfeld

12/29/96

(561) 743-0014

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #