

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 26 PM 4:00

DOCUMENT # M16004

1. Corporation Name

K. HOVNANIAN AT PASCO I, INC.

Principal Place of Business

1800 S AUSTRALIAN AVENUE
SUITE 400
WEST PALM BEACH FL 33409

Mailing Address

1800 S AUSTRALIAN AVENUE
SUITE 400
WEST PALM BEACH FL 33409

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

Suite 402

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite 402

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/30/1985

5. FEI Number

22-2636392

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status



400005282124--2

-04/16/02--01038--008

***300.00 ***300.00

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
D	HOVNANIAN, KEVORK S.	29 WARD AVENUE	RUMSON NJ
DV	HOVNANIAN, ARA K.	61 WHIPPORWILL VALLEY DR	ATLANTIC HGLNDS NJ
DST	MASON, TIMOTHY P.	22 DEVON DRIVE	PISCATAWAY, N. J.
V	MASON, TIMOTHY P.	22 DEVON DR.	PISCATAWAY NJ
P	RAPAPORT, JON	1800 S AUSTRALIAN AVE #400	WEST PALM BEACH FL 33409

8. Name and Address of Current Registered Agent

BRANNOCK, G. STEVEN, ESQUIRE
1800 S AUSTRALIAN AVENUE-
SUITE 400
WEST PALM BEACH FL 33409

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

Suite 402

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

3/7/02

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:

[Signature] Jon Rapoport

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/02

Date

Daytime Phone #

561-718-7516

CR2E040 (8/01)



4000 PINE VALLEY, PORT ST. LUCIE, FL 34952 (561) 337-1555 • FAX (561) 337-2002

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March 7, 2002

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: K. HOVNANIAN AT PASCO I, INC.

To Whom It May Concern:

I have enclosed the Application for Reinstatement and a check for the instructed \$300 fee. Our office did not receive any previous Uniform Business Reports for the above corporation. Would you kindly waive the late fees.

For your reference, our company has many corporations and we received and paid those Uniform Business Reports. Had we received the above, we certainly would have submitted and paid in a timely fashion. Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jonathan Rapaport', written over a horizontal line.

Jonathan Rapaport
President

K. Hovnanian Companies of Florida, Inc.