

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAR 27 AM 11:22

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Saybrook Village Homeowner Association, Inc

2. Principal Office Address - No P.O. Box #

12765 W. Forest Hill Blvd.

Suite, Apt. #, etc.

Suite 1320

City & State

Wellington, Florida

Zip

33414

Country

USA

3. Mailing Office Address

P.O. Box 212995

Suite, Apt. #, etc.

City & State

Royal Palm Beach, FL

Zip

33421

Country

USA

CR2E081 (11/10)

REINSTATEMENT
2015

4. Date Incorporated or Qualified
To Do Business in Florida

8/4/2000

5. FEI Number

65-1045129

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Kravit Law, P.A.

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

7000 W. Palmetto Park Rd

Suite, Apt. #, Etc.

Suite 210

City

Boca Raton

State

FL

Zip Code

33433

800271162378
03/02/15--01028--001 **35.00

800271162378
03/27/15--01028--019 **201.25

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Carlos Vazquez	P.O. Box 212995	Royal Palm Beach, FL 33421
VP	Adam Shuster	P.O. Box 212995	Royal Palm Beach, FL 33421
Treas	Karen Cornett	P.O. Box 212995	Royal Palm Beach, FL 33421

MAR 30 2015

T. CARTER

10. E-mail Address: wellington@tallfield.com

(To be used for future annual report notification)

11. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature]

DALE HASEN LCM

3/17/15

5619836000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 6, 2015

DALE MASON
TALLFIELD ASSOCIATES
12773 W. FOREST HILL BLVD. #1212
WELLINGTON, FL 33414 US

SUBJECT: SAYBROOK VILLAGE HOMEOWNERS ASSOCIATION, INC.
Ref. Number: N00000005112

We have received your document for SAYBROOK VILLAGE HOMEOWNERS ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The subject entity was administratively dissolved or its certificate of authority was revoked for failure to appoint and maintain a registered agent. To reinstate the entity, please complete the enclosed form. The total fee due is \$236.25.

The changes reflected in your document can be made on the reinstatement application. You can deduct the fee previously submitted from the reinstatement fee due.

There is a balance due of \$201.25.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter
Regulatory Specialist

Letter Number: 915A00004681

15 MAR 24 PM 5:53
REGISTRATION DIVISION