

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 DEC 28 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000007323

1. Corporation Name

DELRAY OCEAN ESTATES HOMEOWNERS ASSOCIATION, INC

Principal Place of Business

1715 S OCEAN BLVD
DELRAY BEACH FL 33483

Mailing Address

1715 S OCEAN BLVD
DELRAY BEACH FL 33483

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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

1177 GEORGE BUSH BLVD #100
Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

Zip

33483

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

11/02/2000

5. FEI Number

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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| DP | DIAMOND, GERALD L | 1715 S OCEAN BLVD | DELRAY BEACH FL 33483 |
| DV | DIAMOND, R NICHOLAS | 1715 S OCEAN BLVD | DELRAY BEACH FL 33483 |
| STD | DIAMOND, TIMOTHY | 1715 S OCEAN BLVD | DELRAY BEACH FL 33483 |
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LS

8. Name and Address of Current Registered Agent

DIAMOND, GERALD L
1715 S OCEAN BLVD
DELRAY BEACH FL 33483

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

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 X

REGISTERED AGENT MUST SIGN

Date X

12/13/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/13/01 501 279 0082

CR20040 (8/01)