

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenn A. Ford
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 16 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000005014

1. Corporation Name

NORTHWOOD ESTATES INC.

Principal Place of Business

Mailing Address

717 50TH ST.
WEST PALM BEACH FL 33407

717 50TH ST.
WEST PALM BEACH FL 33407

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/01/2002

5. FEI Number

72-1529571

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
V	LEEFAT, PAULINE	732 51ST ST.	WEST PALM BEACH FL 33407
T	SMELLIE, KEITH	734 52ND ST.	WEST PALM BEACH FL 33407
S	LEEFAT, FRITZ	732 51ST ST.	WEST PALM BEACH FL 33407
PD	BATISTA, KEALLE-ANGELI D	717 50TH ST.	WEST PALM BEACH FL 33407

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BATISTA, KEALLE-ANGELI D 717 50TH ST. WEST PALM BEACH FL 33407	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State 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. or 617.0505, F.S.

Signature of
Registered Agent
Kealle Angelic D. Batista
REGISTERED AGENT MUST SIGN

Date
Jan 12, 2004

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: *Kealle Angelic D. Batista* - DIRECTOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: *Jan 12, 2004*
Daytime Phone #: *561-842-8776*

N.E.N.A.

Northwood Estates Neighborhood Association

"A Community Of Caring Neighbors"

February 18, 2004

RE: Request For Reinstatement – Document # N02000005014

FEI #72-1529571

Please accept this letter and the amount of \$61.25 to reinstate our status for filing as a Non – for – profit organization. We had not received the original request due to what we believe was a postal error that we have since corrected with them. Should you have any questions or need assistance please do not hesitate to contact me at 561-842-8776. I look forward to your forthcoming response and anticipated assistance.

Sincerely,

~~Kealle - Iangelic Batista~~

Kealle - Iangelic Batista - President - Northwood Estates Neighborhood Association (N.E.N.A.),
"A Community Of Caring Neighbors"