


FILED

03 SEP 10 AM 11:45

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b> 	<b>FLORIDA DEPARTMENT OF STATE</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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DOCUMENT # N02000008624

1. Corporation Name

BOYNTON TERRACE NEIGHBORHOOD ASSOCIATION, INC

2. Principal Office Address

201 NE 6th AVE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

BOYNTON BEACH, FL

City &amp; State

Zip

33435

Country

US

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

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

Gertrude Sullivan

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

201 NE 6th AVE

Suite, Apt. #, Etc.

City

BOYNTON BEACH

State

FL

Zip Code

33435

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*Gertrude Sullivan*  
REGISTERED AGENT MUST SIGN

Date

9 8 03

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
P	GERTRUDE SULLIVAN	201 NW 6th AVE	BOYNTON BEACH, FL 33435
VP	LEONARY ALBURY	120 NE 8th AVE	BOYNTON BEACH, FL 33435
SEC	TABITHA ALBURY	120 NE 8th Ave	BOYNTON BEACH, FL 33435

10. 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:

*Gertrude Sullivan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(561) 732-1205

9-08-08

CR2E081 (10/02)