

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

APPLICATION FOR REINSTATEMENT



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

FILED

02 APR 25 PM 12:47

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # N04762

1. Corporation Name

COUNTRY GROVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1499 S.W. 30th Avenue Boynton Beach, FL 33426

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

612 Shore Road

4. Date Incorporated or Qualified To Do Business in Florida

8/20/1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2641312

Applied For

Not Applicable

City & State

City & State

North Palm Beach, FL

Zip

Country

Zip

Country

33408

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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Rows include Kerry N. Thiessen, Jeannine B. Thiessen, and Melissa Thiessen.

000005347888-6

93-02

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

David E. Mackey, III 1499 S.W. 30th Avenue Boynton Beach, FL 33426

Name

Jeannine B. Thiessen

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

612 Shore Road

Suite, Apt. #, Etc.

City

North Palm Beach

State FL

Zip Code 33408

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date April 23, 2002

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes [ ] No [X]

(See other side for information on intangible tax.)

12. 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Jeannine B. Thiessen, Director

Date 4/23/02

Daytime Phone # 561 8427727

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ACCOUNT NO. : 072100000032  
 REFERENCE : 548696 10463A  
 AUTHORIZATION : *Patricia Pizuto*  
 COST LIMIT : \$ 787.50

ORDER DATE : April 25, 2002  
 ORDER TIME : 10:05 AM  
 ORDER NO. : 548696-005  
 CUSTOMER NO: 10463A

CUSTOMER: Ms. Karen Hodge  
 Cohen Norris Scherer  
 Suite 400  
 712 U.s. Highway 1  
 North Palm Bch, FL 33408-7146

**RESUBMIT**  
 Please give original  
 submission date as file date.

DOMESTIC FILINGS

NAME: COUNTRY GROVE CONDOMINIUM  
 ASSOCIATION, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- \_\_\_\_\_ CERTIFIED COPY
- XX \_\_\_\_\_ PLAIN STAMPED COPY
- \_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea ext 1114  
 EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
 02 APR 25 AM 11:40  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA  
 RECEIVED  
 02 MAY -1 AM 8:43  
 DEPARTMENT OF STATE