

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05000006394

1. Corporation Name

Port Salerno Industrial Park Property Owners Association Inc

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

7956 Steeplechase Dr

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1067

Suite, Apt. #, etc.

City & State

Palm Bch Gardens, FL

City & State

Riviera Bch, FL

Zip

33418

Country

USA

Zip

33404

Country

USA

7. Name and Address of Current Registered Agent

Name

Janet L Kozan

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

7956 Steeplechase Drive

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State

FL

Zip Code

33418

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

Janet L Kozan
REGISTERED AGENT MUST SIGN

Date 11/16/07

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	Janet L Kozan	7956 Steeplechase Drive	Palm Bch Gardens, FL., 33418
VPres	Larry P Viens	19050 S.E. Country Club Drive	Tequesta, FL., 33469
Sec	Gregory J Kozan	7956 Steeplechase Drive	Palm Bch Gardens, FL., 33418

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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 contained in Chapter 119, 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:

Janet L Kozan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/16/07

Date

561 602 1680

Daytime Phone #

FILED

2007 NOV 21 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

06-07

CR2E081 (1/07)

**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

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.