## LE PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CARPE	RATION
REINSTA	



## FLORIDA DEPARTMENT OF STATE Secretary of State

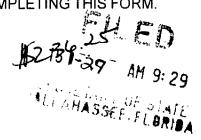
DIVISION OF CORPORATIONS

DOCUMENT#

N05000009774

1. Corporation Name

Latitude of Delray Master Association, Inc.



i							
	oal Office Address - No P.O. Box# University Drive	3. Mailing Office Addre	ng Office Address  O University Drive				
Suite, Apt	<del></del>	Suite, Apt. #, etc.	TISILY DITYC	_	CR2E081 (11/10)		
#205 #205		1 ' '			Date Incorporated or Qualified     To Do Business in Florida		
Coral	l Springs, FL	Coral Spri	l Springs, FL		er	Applied For Not Applicable	
<sup>∡ր</sup> 3307′	1 USA	<sup>Zip</sup> 33071	USA	Т-6	TE OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
	7. Name and Address	of Current Registered Age	ent	<u> </u>			
Swift Management Solutions Inc.  Street Address (P.O. Box Number is Not Acceptable)  1750 University Dr #205  Suite. Apt. #, Etc  City  Coral Springs  8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the otser segistered Agent  REGISTERED AGENT MUST SIGN				e obligations of secti	0026893 29/15-01026 tion 607.0505 or 617.0503, Date 01/05/15	· .	
9. Names	es and Street Addresses of Each Officer ar	nd/or Director (Florida nonpr	· · · · · · · · · · · · · · · · · · ·		T		
Titles	Name of Officers and/or Directors	5	Street Address of Ead Officer and/or Directo		City /	State / Zip	
Р	Jeff Spear	1750	0 University	Dr #205	Coral Sprin	ngs, FL 33071	
VP	David Allor	ı 1750	0 University	Dr #205	Coral Sprin	ngs, FL 33071	
ST	David Spea	ar 1750	0 University	Dr #205	Coral Sprin	ngs. FL 33071	

10	E-mail	Address:	nswift@swiftmanagement.com
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Scott Wolff

Frank Richman

11. 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. reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401. F.S., and that all fees owed by the corporation have be of paud I further cerpty, the information indicated on this application is true and accurate, and my signature shall have the if made under oath. I am aware formation submitted in a document to the Department of State constitutes a third degree felony as provided for

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TURE AND TYPED OF PRINTED NAME

1750 University Dr #205 Coral Springs, FL 33071

1750 University Dr #205 Coral Springs, FL 33071



## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 30, 2015

LATITUDE DELRAY MASTER ASSOCIATION, INC. 1750 UNIVERSITY DRIVE #205 CORAL SPRINGS, FL 33071

SUBJECT: LATITUDE DELRAY MASTER ASSOCIATION, INC.

Ref. Number: N05000009774

Subject:

RE: 115A00001886

We have received your document for the above Fictitious Name; however, the document has not been filed and is being returned for the following:

Pursuant to section 607.1422(1)(b), 617.1422(1)(b), or 605.0715, Florida Statutes, your designated registered agent must acknowledge the designation by signing in the appropriate block of the form.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Suzanne Hawkes Regulatory Specialist II

Letter Number: 115A00001886