

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
152784-29 AM 9:29
DIVISION OF STATE
ALLAHASSEE, FLORIDA

DOCUMENT # N05000009774

1. Corporation Name

Latitude of Delray Master Association, Inc.

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

1750 University Drive

Suite, Apt. #, etc

#205

City & State

Coral Springs, FL

Zip

33071

Country

USA

3. Mailing Office Address

1750 University Drive

Suite, Apt. #, etc.

#205

City & State

Coral Springs, FL

Zip

33071

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-3745752

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

Swift Management Solutions Inc.

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

1750 University Dr #205

Suite, Apt. #, Etc

City

Coral Springs

State

FL

Zip Code

33071

100268530721
01/29/15--01026--020 **236.25

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

Alcan M. Alkan

Date 01/05/15

REGISTERED AGENT MUST SIGN

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	Jeff Spear	1750 University Dr #205	Coral Springs, FL 33071
VP	David Allon	1750 University Dr #205	Coral Springs, FL 33071
ST	David Spear	1750 University Dr #205	Coral Springs, FL 33071
D	Scott Wolff	1750 University Dr #205	Coral Springs, FL 33071
D	Frank Richman	1750 University Dr #205	Coral Springs, FL 33071
REINSTATEMENT 2014 -			

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

(To be used for future annual report notification)

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 the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 301.7459, F.S.

SIGNATURE:

David A. Spear

DAVID A. SPEAR

Sec.

01/05/2015

954-369-8379

Date

EXAMINER



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