

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

05 NOV 21 AM 6:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09272005 REIN-NP CR2E099 (6/04)

<b>DOCUMENT # N05000009920</b> 1. Entity Name WEST PALM BEACH HOUSING AUTHORITY AT MERRYPLACE, INC.																																									
Principal Place of Business 1715 DIVISION AVE. WEST PALM BEACH, FL 33407			Mailing Address 1715 DIVISION AVE. WEST PALM BEACH, FL 33407																																						
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.																																						
City & State			City & State																																						
Zip		Country		4. FEI Number 20-1690648																																					
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																																					
6. Name and Address of Current Registered Agent  JAMES, ELAINE J - - - ONE NORTH CLEMATIS ST., SUITE 400 WEST PALM BEACH, FL 33401																																									
7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>																																									
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE <u>Elaine James</u>  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <u>November 4, 2005</u>  <small>DATE</small> </div> <div style="width: 20%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>																																									
<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2006, Fee will be \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State																																					
<div style="display: flex;"> <div style="flex: 1;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">ED</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ROBINSON, LAUREL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1715 DIVISION AVE.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>WEST PALM BEACH, FL 33407</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">CPBC</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>STAR, THYRA ECHOLS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1715 DIVISION AVE.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>WEST PALM BEACH, FL 33407</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">VCBC</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FOREMAN, SEYMOUR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1715 DIVISION AVE.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>WEST PALM BEACH, FL 33407</td> <td></td> </tr> </table> </div> </div>						TITLE	ED	<input type="checkbox"/> Delete	NAME	ROBINSON, LAUREL		STREET ADDRESS	1715 DIVISION AVE.		CITY - ST - ZIP	WEST PALM BEACH, FL 33407		TITLE	CPBC	<input type="checkbox"/> Delete	NAME	STAR, THYRA ECHOLS		STREET ADDRESS	1715 DIVISION AVE.		CITY - ST - ZIP	WEST PALM BEACH, FL 33407		TITLE	VCBC	<input type="checkbox"/> Delete	NAME	FOREMAN, SEYMOUR		STREET ADDRESS	1715 DIVISION AVE.		CITY - ST - ZIP	WEST PALM BEACH, FL 33407	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE: <u>[Signature]</u>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 40%; text-align: center;"> <u>October 19, 2005</u>  <small>Date</small> </div> <div style="width: 20%; text-align: right;"> <small>Daytime Phone #</small>  <b>K. Eckel NOV 22 2005</b> </div> </div>																																									