

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 FEB 26 AM 7:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N05000011570**

1. Corporation Name

**Kennedy Estates Homeowners' Association, Inc.**

**200091016742**  
03/06/07--01026--035 \*\*236.25

**REINSTATEMENT 06-07**

CR2E081 (12/05)

2. Principal Office Address

**3323 Belvedere Road**

Suite, Apt. #, etc.

**Building 502**

City & State

**West Palm Beach, FL**

Zip  
**33406**

Country

**USA**

3. Mailing Office Address

**3323 Belvedere Road**

Suite, Apt. #, etc.

**Building 502**

City & State

**West Palm Beach, FL**

Zip

**33406**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**11/15/2005**

5. FEI Number

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

**Tammy Fields**

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

**301 North Olive Avenue**

Suite, Apt. #, Etc.

**Suite 601**

City

**West Palm Beach,**

State

**FL**

Zip Code

**33401**

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

**Tammy Fields**

Date

**11/9/07**

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
DP	Edward Lowery	3323 Belvedere Rd, Bldg 502	West Palm Beach, FL 33406
DS	Clement Clark	3323 Belvedere Rd, Building 502	West Palm Beach, FL 33406
DT	Amin Houry	3323 Belvedere Rd, Building 502	West Palm Beach, FL 33406

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:

**Edward W. Lowery**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**11/11/07 561-233-3602**

Daytime Phone #

**2/28**