

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 APR 23 PH 1:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N07000003136

1. Corporation Name

CENTRAL AREA NEIGHBORHOOD ASSOCIATION OF WILTON MANORS, INC.

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

308 NE 20 STREET

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 70045

Suite, Apt. #, etc.

City & State

WILTON MANORS, FL

City & State

Fort Lauderdale, FL

Zip

33305

Country

BROWARD

Zip

33307-0045

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/26/2008

5. FEI Number

61-1529522

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

RUPPENDER, CONSTANCE

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

308 NE 20 STREET

Suite, Apt. #, Etc.

City

WILTON MANORS

State

FL

Zip Code

33305

☒ 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.

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

*Constance Ruppender*

Date 04/16/2010

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	RUPPENDER, CONSTANCE	308 NE 20 STREET	WILTON MANORS/FL/33305
S	RICHARDSON, BILL	99 ALMAR DR	WILTON MANORS/FL/33334
T	RUPPENDER, MANFRED	308 NE 20 STREET	WILTON MANORS/FL/33305
D	FREEMAN, MARK	116 ALMAR DR	WILTON MANORS/FL/33334
D	ZOLLO, STEPHEN	409 NE 26 STREET	WILTON MANORS/FL/33305

10. E-mail Address: POETC7@AOL.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 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. I further certify, 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:

*Constance Ruppender*

CONSTANCE RUPPENDER

04/16/2010

954-661-4740

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/10