Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : I20020000094
Phone : (770)777-2091
Fax Number : (770)220-1943

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT

DEL PRADO PROPERTY OWNERS' ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$297.50

Reinstatement
JUN 17 2015
R. HUNT

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2015 JUN 17 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # N07000006891

1. Corporation Name

DEL PRADO PROPERTY OWNERS' ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
400 Clematis Street		2851 John Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 201		Suite One	
City & State		City & State	
West Palm Beach, FL		Markham, Ontario	
Zip	Country	Zip	Country
33401	USA	L3R 5R7	Canada

4. Date Incorporated or Qualified To Do Business in Florida
06/14/2007

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
NRAI Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
Suite, Apt. #, Etc.

City	State	Zip Code
Plantation	FL	33324

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 _____ Date 6/17/15
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
D	Robert S. Green	2851 John Street, Suite One	Markham, Ontario L3R 5R7
D	Jeffrey W.S. Preston	400 Clematis Street, Suite 201	West Palm Beach, FL 33401
	REINSTATEMENT		JUN 17 2015
			R. HUNT

10 E-mail Address: _____
(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ Robert S. Green Director 06/17/2015
SIGNATURE AND TYPED OR PRINTED NAME OF ELECTED OFFICER OR DIRECTOR — Date — Daytime Phone #

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