

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAY -6 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N07364**

1. Corporation Name

149 Fern Street Owners Association, Inc.

2. Principal Office Address

149 Fern Street

3. Mailing Office Address

149 Fern Street

Suite, Apt. #, etc.

Suite 1

Suite, Apt. #, etc.

Suite 1

City & State

JUPITER, FLORIDA

City & State

JUPITER, FLORIDA

Zip

33458

Country

PALM BEACH

Zip

33458

Country

PALM BEACH

REINSTATEMENT 93-02

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2549655

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

STÉPHEN J. MACARI

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

18561 LAKESIDE GARDENS DRIVE

Suite, Apt. #, Etc.

City

JUPITER

State
FL

Zip Code
33458

400005575584--3

-05/21/02--01003--011

******796.26 ****796.26**

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

Stephen J. Macari

REGISTERED AGENT MUST SIGN

Date **MAY 3, 2002**

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
PTD	STEPHEN J. MACARI	18561 Lakeside Gardens Dr.	Jupiter, FL 33458
SD	SCOTT PORCARO	149 Fern St.,	Jupiter, FL 33458
D	LORI S. MACARI	18561 Lakeside Gardens Dr.	Jupiter, FL 33458

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 under section 119.07(3)(i), 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:

Stephen J. Macari

STEPHEN J. MACARI, PRESIDENT

MAY 3, 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E031 (9/01)