

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 DEC 31 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N08000001524

1. Corporation Name

**LATITUDE DELRAY BEACH
HOMEOWNERS ASSOCIATION, INC**

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

401 w. Atlantic Ave

Suite, Apt. #, etc.

R-12

City & State

Delray Beach, FL

Zip

33444

Country

USA

3. Mailing Office Address

401 W. Atlantic Ave

Suite, Apt. #, etc.

R-12

City & State

Delray Beach, FL

Zip

33444

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

01/03/2011

5. FEI Number

20-3745752

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
Active

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Danon Management Group

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

401 W. Atlantic Ave.

Suite, Apt. #, Etc.

R-12

City

Delray Beach

State

FL

Zip Code

33444

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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

REGISTERED AGENT MUST SIGN

Date

1/5/2016

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	William Sanford	401 W. Atlantic Ave	Delray Beach, FL 33444
VP	Sharon Anson "magne"	401 w. Atlantic Ave	Delray Beach, FL 33444
D	Adam Freedman	401 W. Atlantic Ave	Delray Beach, FL 33444
D	Frank Richman	401 W. Atlantic Ave	Delray beach, FL 33444

JAN 7 2015

DA WILLIAMS

10. E-mail Address: mcastellanos@danonmanagement.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., 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0104/L

Date

407-865-2539

Daytime Phone #