	PLEA	ASE READ ALL INS	STRUCTI	ONS	BEFORE C	OMPLET	ING THIS FORM.		
CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF ST. Secretary of State DIVISION OF CORPORATIONS					ate	FILED - 15 DEC 31 AM 10: 23			
DOCUMENT # N08000001524 1. Corporation Name					SEGMETARY OF CLAIG TALLAHASSEE, PLORIDA				
Latitud	de Of Delray E	Beach Home Owne	r's Assoc	iation	, Inc				
401 w. Atlantic Ave 401			3. Mailing Office Address IO1 W. Atlantic Ave Suite, Apt. #, etc.			CR2E081 (11/10)			
R-12		R-12	R-12			Date Incorporated or Qualified To Do Business in Florida			
1			ay Beach, FL			01/03/2011 S. FEI Number Applied For 26-2149537 Not Applicable			
3344	4 US	' l . '	14	US	Α	6. CERTIFICA		75 Additional Fee require for a Certificate of Status	
Street Add 401 V Suite, Apl R-12 City Delray	n Managem Idress (P.O. Box Numbe V. Atlantic A t. #, Etc. y Beach	er is Not Acceptable)		State FL 3	Zip Code 33444		002806759 5/1601016003		
8. I, being Signature Registered	of	red agont of the above named co	erporation, am fa		th and accept the o	bligations of sect	Date	S.	
9. Name	es and Street Addresses	of Each Officer and/or Director	(Florida nonpro			ast 3 directors)			
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / Stat	e / Zip	
Р	William Sanford 401 W. Atlanti			c Ave	Delray Beach	n, FL 33444			
S	Karen Gelveles 401 w. Atlantic			: Ave	Delray Beacl	h. Fl 33444			

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

(To be used for future annual report notification)

REINSTATEM

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.

SI	G	N	A٦	ΓL.	IR	E

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEC 3 1 2015

M. WILLIAMS

al Fee required ate of Status