

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N08000010527

1. Corporation Name

**Association News, Inc.**

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

7000 West Atlantic Avenue

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

33446

Country

Palm Beach

3. Mailing Office Address

7000 West Atlantic Avenue

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

33446

Country

Palm Beach

FILED

16 JUN -3 AM 9:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

11/17/2008

5. FEI Number

26-2950872

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$2.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Peter S. Sachs, Sachs Sax Caplan, P.L.

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

6111 Broken Sound Pkwy NW

Suite, Apt. #, etc.

Suite 200

City

Boca Raton

State

FL

Zip Code

33487

600286503196

06/03/16--01010--004 \*\*420.00

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

5/4/16

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/D	Frank Iovine	7000 West Atlantic Avenue	Delray Beach, FL 33446
D	Robert Lome	7000 West Atlantic Avenue	Delray Beach, FL 33446
D	Patricia Suttleman	7000 West Atlantic Avenue	Delray Beach, FL 33446

**REINSTATEMENT**

10. E-mail Address: kscheuerman@ssclawfirm.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:

Frank Iovine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/4/16 561 495 65211

Daytime Phone #

JUN 3 - 2015

M. WILLIAMS