PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N08153

1. Corporation Name: Wimbledon Villas at Town Place, Inc.

2. Principal Office Address	3. Mailing Office Address
3900 Woodlake Blvd.	3900 Woodlake Blvd.
Suite, Apt. #, etc.: Suite # 201	Suite, Apt. #, etc.: Suite # 201
City & State: Lake Worth	City & State: Lake Worth
Zip: 33463 Country: USA	Zip: 33463 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 3/14/1985

5. FEI Number: 592561580 ☐ 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: Keith F. Backer,Esq. Backer Law Firm, P.A.

Street Address (P.O. Box Number is Not Acceptable): 136 East Boca Raton Road

100004716871--8
-12/11/01--01067--001
****236.25 ****236.25

Suite, Apt. #, Etc.:

REINSTATEMENT 01

City: Boca Raton State: FL Zip Code: 33432

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: [signature] Date: 11/13/01
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
PD	Marchesani, Marie	5620 Amersham Way	Boca Raton, FL 33486
VPD	Weiss, Murry	5524 Ashpon Court	Boca Raton, FL 33486
VPD	Dean, Ashley	5556 Fox Hollow Drive	Boca Raton, FL 33486
SD	Stan, Eleanor	5496 Fox Hollow Drive	Boca Raton, FL 33486
TD	Sterrn, Robert	21720 Wappford Way	Boca Raton, FL 33486

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.

MARIE MARCHESANI

SIGNATURE: [signature] Nov. 16, 2001 561-393-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #