PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
01 NOV -5 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N09451**

1. Corporation Name

VICTORIA WOODS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% BANYAN PROPERTY MANAGEMENT SERVICES. INC 2328 S. CONGRESS AVE.. SUITE 1C W. PALM BEACH FL 33406	% BANYAN PROPERTY MANAGEMENT SERVICES. INC 2328 S. CONGRESS AVE.. SUITE 1C W. PALM BEACH FL 33406

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 05/23/1985

5. FEI Number: 59-2617479 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VD	VOGEL, SY	1001 N. FEDERAL HWY STE 315	HALLANDALE FL 33009
PD	CROSSLEY, KIM	1001 N. FEDERAL HWY STE 315	HALLANDALE FL 33009
ST	VOGEL, DAVID	1001 N. FEDERAL HWY STE 315	HALLANDALE FL 33009

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REINSTATEMENT 01 FB

8. Name and Address of Current Registered Agent

HILLEY, V. DONALD
11382 PROSPERITY FARMS ROAD
SUITE 204
PALM BEACH GARDENS FL 33410

9. Name and Address of New Registered Agent

Name: Hilley V. Donald
Street Address (P.O. Box Number is Not Acceptable): 11382 Prosperity Farms Road
Suite, Apt. #, Etc.: Suite 124
City: Palm Beach Gardens | State: FL | Zip Code: 33410

CR2E040 (8/01)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature] Date: 10-17-2001
REGISTERED AGENT MUST SIGN

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., 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (561)649-8585
Daytime Phone #