

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 MAR 23 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N09579

1. Corporation Name

BOYNTON BEACH DISTRIBUTION CENTER BUILDING D CONDOMINIUM ASSOCIATION, INC.

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

2930 NW Commerce Park Drive

3. Mailing Office Address

2930 NW Commerce Park Drive

Suite, Apt. #, etc.

Suite 1

Suite, Apt. #, etc.

Suite 1

City & State

Boynton Beach, FL

City & State

Boynton Beach, FL

Zip

33426

Country

USA

Zip

33426

Country

USA

100199121451
03/23/11--01028--004 **1706.25

CR2E081 (11/10)

4. Date Incorporated or Qualified

To Do Business in Florida 05/23/1985

5. FEI Number

☒ 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

Jeffrey C Poppe

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

2930 NW Commerce Park Drive

Suite, Apt. #, Etc.

Suite 1

City

Boynton Beach

State

FL

Zip Code

33426

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 March 22, 2011

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	Jeffrey C Poppe	2930 NW Commerce Park Drive, Suite 1	Boynton Beach, FL 33426
VP	Harry Holbrook	2930 NW Commerce Park Drive, Suite 1	Boynton Beach, FL 33426
S	Jeannie Holbrook	2930 NW Commerce Park Drive, Suite 1	Boynton Beach, FL 33426

REINSTATEMENT

87-11 B
3/24/11

10. E-mail Address: jeff@groundhound.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:

March 22, 2011 561-737-9800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #