


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>N11362</u>			
1. Corporation Name <u>Surrey Lane Property Owners' Assoc. Inc.</u>			
2. Principal Office Address <u>8549 Surrey Lane</u> Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State <u>Boca Raton FL</u>		City & State	
Zip <u>33496</u>	Country <u>USA</u>	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida <u>9/30/85</u>		5. FEI Number <u>592597470</u>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent Name <u>Kathleen Raskin</u> Street Address (P.O. Box Number is Not Acceptable) <u>8549 Surrey Lane</u> Suite, Apt. #, Etc. City <u>Boca Raton</u> State <u>FL</u> Zip Code <u>33496</u>			
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 <u>Kathleen Raskin</u> Date <u>6/2/04</u> 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
<u>1P</u>	<u>Kathleen Raskin</u>	<u>8549 Surrey Lane</u>	<u>Boca Raton, FL 33496</u>
<u>5/7</u>	<u>Matt Reeton</u>	<u>17962 Wagonwheel Dr</u>	<u>Boca Raton, FL 33496</u>
<u>D</u>	<u>Mark Friedman</u>	<u>8345 Clintmoore Rd</u>	<u>Boca Raton, FL 33496</u>
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.			
SIGNATURE: <u>Kathleen Raskin</u>		Date <u>6/2/04</u> Daytime Phone # <u>561-283-3619</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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REINSTATEMENT 97-04

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