PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR 23 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

DOCUMENT # **N12846**

1. Corporation Name

FAIRFIELD AT BOCA ASSOCIATION, INC.

Principal Place of Business: ~~21300 LENNOX DRIVE BOCA RATON FL 33486~~

Mailing Address: ~~21300 LENNOX DRIVE BOCA RATON FL 33486~~

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
C/O GLEN MANAGEMENT SVCS	C/O GLEN MANAGEMENT SVCS
Suite, Apt. #, etc. 4301 OAK CIRCLE #23	Suite, Apt. #, etc. 4301 OAK CIRCLE #23
City & State BOCA RATON FL	City & State BOCA RATON FL
Zip 33431 Country USA	Zip 33431 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/31/1985

5. FEI Number: 59-2662554 ☐ 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	BORRELLO, VINCENT	21300 LENNOX DRIVE	BOCA RATON FL
VPD	D'ANGELO, CARMEN	21300 LENNOX DRIVE	BOCA RATON FL
~~PD~~	~~ABRAMS, LARRY~~	~~21300 LENNOX DRIVE~~	~~BOCA RATON FL~~
SD	SKOLE, JUDY	21300 LENNOX DRIVE	BOCA RATON FL
~~TD~~	~~LOETSCHER, KIM~~	~~21300 LENNOX DRIVE~~	~~BOCA RATON FL~~

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*****61.25 *****61.25

8. Name and Address of Current Registered Agent

D'ANGELO, CARMEN
5239 SAPPHIRE VALLEY
BOCA RATON FL 33486

9. Name and Address of New Registered Agent

Name: GLEN, ANDREW
Street Address (P.O. Box Number is Not Acceptable): 4301 OAK CIRCLE
Suite, Apt #, Etc: SUITE #23
City: BOCA RATON State: FL Zip: 33431

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****238.75 ****238.75

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: A. GLEN Date: 1/26/99.

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☑ No ☐ (See other side for information on intangible tax.)

12. 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: CARMEN D'ANGELO, PRES 1/20/99 561-395731

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (9/98)