

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 AUG -2 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N13127

1. Corporation Name

Rabbit Hollowe Homeowners' Association, Inc.

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

2235 Rabbit Hollowe Cir

3. Mailing Office Address

2235 Rabbit Hollowe Cir

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Delray Beach FL

City & State

Delray Beach FL

Zip
33445

Country
USA

Zip
33445

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

JAN 23 1986

5. FEL Number
59-2743573

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
JOSHUA R BRESSLER

Street Address (P.O. Box Number is Not Acceptable)
2235 Rabbit Hollowe Cir

Suite, Apt. #, Etc.

City
Delray Beach

State
FL

Zip Code
33445

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 JULY 25 2007

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/D	JOSHUA R BRESSLER	2235 Rabbit Hollowe Cir	Delray Beach FL 33445
V/D	ED APTAKER	2340 Rabbit Hollowe Cir	Delray Beach FL 33445
T/D	JEFF WINEINGER	2160 Rabbit Hollowe Cir	Delray Beach FL 33445
S/D	DEBORAH NOELL	2410 Rabbit Hollowe Cir	Delray Beach FL 33445
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10. I certify that I am an officer or director, 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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULY 25 2007

Date

561 912 7030

Daytime Phone #