

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 NOV -1 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N18993

1. Corporation Name

Bel-Aire Homeowners Association of Palm Beach County, Inc.

2. Principal Office Address

16489 So. Military Trail

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

33484

Country

U.S.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

01/29/87

5. FEI Number

650084013

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 2001

7. Name and Address of Current Registered Agent

Name

Louis Caplan, Esquire, c/o Sachs, Sax & Klein, P.A.

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

301 Yamato Road,

900004694979-9

-11/27/01-01046-003

Suite, Apt. #, Etc.
Suite 4150

****236.25 ****236.25

City

Boca Raton

State
FL

Zip Code
33431

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 Louis Caplan

REGISTERED AGENT MUST SIGN

Date 10/23/01

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
PD-	Myles Frehm	16489 Del Palacio Ct.	Delray Beach, Florida 33484
SD	Roz Rubin	6456 Del Palacio Ct.	Delray Beach, Florida 33484
D	Dan Tompkin	16528 Del Palacio Ct.	Delray Beach, Florida 33484
VTD	Erni Mayer	5081 Alencia Ct.	Delray Beach, Florida 33484
D	Jane Block	5349 Bodega Pl.	Delray Beach, Florida 33484

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Myles Frehm
Date 10/27/01 561-4986707
Daytime Phone #

CR2E081 (8/00)