PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 JUN -6 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N21980

1. Corporation Name
CRICKLEWOOD PROPERTY OWNERS ASSOCIATION, INC

REINSTATEMENT 88-08

2. Principal Office Address (P.O. Box # Not Acceptable)
9401 Old Pine Road
City & State
Boca Raton, FL
Zip
33428-3053
Country
USA

3. Mailing Office Address
same
City & State
Zip
Country

4. Date Dissolved
2/11/87

5. FEI Number
65-0070046
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
Dennis P. Koehler, P.A.
Street Address (P.O. Box Number is Not Acceptable)
2511 Westgate Avenue
Suite, Apt. # or Bldg.
Suite 7
City
West Palm Beach
State
FL
Zip Code
33409

☑ 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
REGISTERED AGENT MUST SIGN
2/11/2008
Date

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	Gary Baris	9401 Old Pine Road	Boca Raton, FL 33428-3053
VP	Gandjei Khosrow	21928 Cricklewood Terrace	Boca Raton, FL 33428-3053
S	Tracey Pisano	21946 White Pine Terrace	Boca Raton, FL 33428-3053
T	Rachel Levine	21947 White Pine Terrace	Boca Raton, FL 33428-3053

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10. I certify that I am an officer or director of 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 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: Gary Baris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
2/12/08
Date
561 699 5031
Daytime Phone #