PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED
1996 NOV -4 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N22469

1. Corporation Name

TROPIC PALMS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~717 HERON DRIVE~~ 526 Jaeger DELRAY BEACH FL 33444	~~717 HERON DRIVE~~ 526 Jaeger DELRAY BEACH FL 33444

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/25/1987

5. FEI Number: 65-0004098 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ [redacted]

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
D	MILLER, HAROLD	671 BLUE JAY ROAD	DELRAY BEACH FL
D	FRASER, CHRIS	3068 CARL BOLTER DR	DELRAY BCH FL
VD	KAMARATA, JOSEPH	764 AVOCET ROAD	DELRAY BEACH FL
TS	MEZZA, LIANA	658 HERON DR	DELRAY BCH FL
P	~~JACKSON, PAULA~~ Alan Partis	~~717 HERON DRIVE~~ 526 Jaeger	~~DELRAY BEACH FL~~ Delray Bch

REINSTATEMENT

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
~~JACKSON, PAULA~~ Alan Partis ~~717 HERON DRIVE~~ 526 Jaeger DELRAY BEACH FL 33444	Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, Etc. 400002000534--0 -11/08/96--01074--004 City ****236 State FL Zip Code 236.25

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: SIGNATURE REQUIRED [signature] Date 9-24-96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: SIGNATURE REQUIRED [signature] 9-24-96

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

CR2E040 (7/95)