

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

97 AUG 11 PM 4:08

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N 22923

1. Corporation Name
 THE COURTS AT BOYNTON PLACE SUB-ASSOCIATION, INC.

N97-17994

Principal Place of Business Mailing Address

10171 Boynton Place Circle
 Boynton Beach, FL 33437

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		4. Date Incorporated or Qualified To Do Business In Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/9/87	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0035421	
Country		Country		Applied For	
		33401 U.S.A.		Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

REINSTATEMENT 95-97

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Pres.	Robert Weiner (D)	10291 Boynton Place Circle	Boynton Beach, FL 33437
Sec.	Frank Miller (D)	10393 Boynton Place Circle	Boynton Beach, FL 33437
VP	Robert Consigli (D)	10124 Boynton Place Circle	Boynton Beach, FL 33437
2nd VP	Lewis Wertman (D)	10034 Boynton Place Circle	Boynton Beach, FL 33437

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 ****367.50 ****369.50
 A. Allen
 8/11/97

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
James Lopresto 10210 Boynton Place Circle Boynton Beach, FL 33437		Name St. John, Dicker & Caplan	
		Street Address (P.O. Box Number is Not Acceptable) 500 Australian Avenue South	
		Suite, Apt. #, Etc. 600	
		City West Palm Beach	State FL
		Zip Code 33401	

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: REGISTERED AGENT MUST SIGN Date: 7/10/97

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: ROBERT A. WEINER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 7/12/97 Daytime Phone #

CR2EG40 (12/96)