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 27 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N23656

1. Corporation Name

PALM BEACH FARMS HOMEOWNERS ASSOCIATION, INC.

REINSTATEMENT all fields are due

Principal Place of Business	Mailing Address
c/o Thomas Bamford 1141 SW 15th St Boca Raton, FL 33486	c/o Thomas Bamford 1141 SW 15th St Boca Raton, FL 33486

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: 11/30/1987

5. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	BLACK, JAMES Delete	698 SW 18 STR	BOCA RATON FL
VD	Ernst, John	1140 SW 19th St	BOCA RATON FL
P/D	LANDON, JOANN	1150 SW 19 STR	BOCA RATON FL
S/D	BLANZ, MARGE	1041 SW 17TH ST	BOCA RATON FL
T/D	Benjamin, Robert	1120 SW 15th St.	BOCA RATON FL 33486
P	BAMFORD, THOMAS	1141 SW 15TH ST	BOCA RATON FL 33486

8. Name and Address of Current Registered Agent

BLACK, JAMES T.
698 S.W. 18TH STREET
BOCA RATON FL 33486

9. Name and Address of New Registered Agent

Name
Bamford, Thomas
1141 SW 15th St.
Boca Raton, FL 33486

CHECKED (7/96)

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: James T. Black REQUIRED Date: NOV 5 1996
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: Robert L. Benjamin OR ROBERT L. BENJAMIN 11/5/96 (561) 391-3579
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #