

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2007 OCT 12 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N24416**

1. Corporation Name

**Golf Brook No. 3 Homeowners Assoc.
Inc.**

900110706969
10/12/07--01009--014 **150000

481.25

REINSTATEMENT
CR2E081 (1/07)

03-07

2. Principal Office Address - No P.O. Box #

2901 Long meadow Dr. PD Box 221615

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

W. Palm Bch FL

City & State

W. Palm Bch FL

Zip

33414

Country

USA

Zip

33422

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0029831

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

Dr. Jerry Singer

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

2901 Long Meadow Dr.

Suite, Apt. #, Etc.

City

W. Palm Beach

State

FL

Zip Code

33414

☐ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date **10/8/07**

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
DP	Jerry Singer	2801 Long meadow Dr.	W. Palm Bch FL 33414
DV	Barbara Ackerman	2861 Long meadow Dr.	W. Palm Bch FL 33414
DST	Michael Schultz	2830 Long meadow Dr.	W. Palm Bch FL 33414

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JERRY SINGER

Date **10/8/07**

Daytime Phone #

(561) 793-6666

10/15