

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2017 FEB 23 PM 12:08

DOCUMENT # **N28673**

1. Limited Liability Company's Name

**IMPRESSIONS AT Boca Chase HOA 9B, INC**  
**ClO Superior Association Management**  
**20283 State Road 7**

FEB 23 2017

L BERGER

CR2E041 (1/11)

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

**20283 State Rd 7**

Suite, Apt. #, etc.

**219**

3. Mailing Office Address

**SAME**

Suite, Apt. #, etc.

City & State

**Boca Raton**

City & State

Zip

**33498**

Country

**Palm Beach**

Zip

Country

4. State/Country of Formation

**Palm Beach, FL**

5. Date Organized or Qualified To Do Business in Florida

**10/31/1988**

6. FEI Number

**65-0152323**

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

**Joshua Gerstin**

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

**40 S.E. 5th Street**

Suite, Apt. #, Etc.

**610**

City

**Boca Raton**

State

**FL**

Zip Code

**33432**

E-mail Address:

**000295914430**  
**02/23/17--01022--022 \*\*100.00**

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

*[Handwritten Signature]*

Date **2/17/17**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
P	Brian Von Dietrich	20283 State Rd 7, #219	Boca Raton, FL 33498
VP	Helene Markowitz	" " "	" " "
T	Mark Wasserman	" " "	" " "

11. I certify that I am managing member/manager, or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager

*[Handwritten Signature]*

Date **2/17/17**

Daytime Phone # **561-293-3612**

Typed or printed name of signing Managing Member/Manager