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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 MAY -6 AM 9:20
TALLAHASSEE, FLORIDA

DOCUMENT # N30066

1. Corporation Name

Saratoga Pines Homeowners' Association, Inc.

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

158 Saratoga Blvd. West

Suite, Apt. #, etc.

City & State

Royal Palm Beach, FL

Zip

33411

Country

USA

3. Mailing Office Address

158 Saratoga Blvd. West

Suite, Apt. #, etc.

City & State

Royal Palm Beach, FL

Zip

33411

Country

USA

800180497108
05/06/10--01034--011 **306.25

REINSTATEMENT 09-1 D

4. Date Incorporated or Qualified
To Do Business in Florida

January 6, 1989

5. FEI Number

650095205

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

Randall K. Roger & Associates, P.A.

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

621 NW 53rd Street

Suite, Apt. #, Etc.

Suite 300

City

Boca Raton

State

FL

Zip Code

33487

☐ 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

Randall K. Roger

Date April 7, 2010

REGISTERED AGENT MUST SIGN

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
P/D	Joseph Boyle	157 Monterey Way	Royal Palm Beach, FL 33411
V/D	Charles Lester	117 Saratoga Blvd. West	Royal Palm Beach, FL 33411
T/D	Sven Budzisch	118 Saratoga Blvd. West	Royal Palm Beach, FL 33411
S/D	Stephen Partney	131 Lexington Drive	Royal Palm Beach, FL 33411
D	Guenter Langer	164 Saratoga Blvd. West	Royal Palm Beach, FL 33411
D	Eduardo Hernandez	234 Monterey Way	Royal Palm Beach, FL 33411

10. E-mail Address: ~~bklynjoe2@aol.com~~ **PRESIDENT@SARATOGAPINES.ORG**

(To be used for future annual report notification)

11. 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. I further certify, 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:

Joseph Boyle

Joseph Boyle, President

APR 7, 2010

561 753 8839

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


Date

Daytime Phone #

5/19/10

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CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #			
1. Corporation Name			
2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
CR2E081 (11/09)			
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number	
		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
Suite, Apt. #, Etc.			
City		State FL	Zip Code
<input type="checkbox"/> 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		Date	
REGISTERED AGENT MUST SIGN			
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
D	Robert Kaiser	164 Monterey Way	Royal Palm Beach, FL 33411
10. E-mail Address: _____ (To be used for future annual report notification)			
11. 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. I further certify, 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		Date	Daytime Phone #