

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

03 OCT 27 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-03

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32962

1. Corporation Name
VICTORIA ISLES HOMEOWNERS" ASSOCIATION, INC.

2. Principal Office Address C/O Glen Management		3. Mailing Office Address	
Suite, Apt. #, etc. 301 W. Camino Gardens Blvd		Suite, Apt. #, etc. Suite 200	
City & State Boca Raton, FL 33432		City & State	
Zip 33432	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 5/30/1989

5. FEI Number 65-0146214 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
Glen Management Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
301 W. Camino Gardens Blvd.

Suite, Apt. #, Etc.
Suite 200

City
Boca Raton

State
FL

Zip Code
33432

300024164903
10/27/03 01051-005 **245.00

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
PD	Elise Yuter	301 W. Camino Gardens Blvd. Suite 200	Boca Raton, FL 33432
TD	Judy Smith	301 W. Camino Gardens Blvd Suite 200	Boca Raton, FL 33432
VP	Peter Reinhard	301 W. Camino Gardens Blvd Suite 200	Boca Raton, FL 33432
S	Debra Gershowitz	301 W. Camino Gardens Blvd Suite 200	Boca Raton, FL 33432

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 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: Elise B Yuter 10/20/03 561-322-0577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)

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