2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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DOCU 1. Entity Nam	MENT # N33491			FILE	D			
THE PRESERVE AT JUPITER HOMEOWNERS ASSOCIATION, INC.						04	NOV 29	PM 4: 44
Principal Plac	e of Rusiness	Mailing Address	- CM	100	SE(CRETARY 12	IATE	
124 STILL LAKE DR P.O. BOX 0432			US			TAL	DRETARY U LAHASSEE,	FLORIDA
JUPITER, FL	33458 US	JUPITER, FL 33468		-KN		•		
2. Principal P	Place of Business Cassilly Way			85811 21211 81811 85211 818				
Suite, Apt.		Suite, Apt. #, etc.			PERMENATENEM TO A DOOR			
City & State Jupiter		City & State			4. FEI Number			
Zip - Country				5 Certificate of Status Desired Status Resired			titional	
33458 6. Name and Address of Current F		gistered Agent		7. Name and Address of New Registered Agent				
LANGUT F		Name K.	Kurt Wohlfarth					
	JAVID M BEACH LAKES BLVD. LM BEACH, FL 33401		Street Address (P.O. Box Number is Not Acceptable)					
			113 Cassilly Way					
				City Thorter FL Zip Code 3345X				
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.								
David O Buchanan 11/23/04								
SIGNATURE Signature, hyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent algorithms required when reinstating) DATE								
Companies a printer of registered again and may is expensed. Prof. i.e. registered Again signature required when remaining!								
	ILE NOW!!! FEE IS \$61.25 1uary 1, 2005, Fee will be \$122.5(), F.S., the r notice.		check payable to Department of St				
10.	OFFICERS AND DIR	ECTORS	11.	<u> </u>	ADDITIONS/CHANG	<u> </u> ES TO OFFICERS A	ND DIRECTORS IN	10
TITLE	VPD	Delete	IIITE	P :			☐ Change	■ #ddition
NAME Street address	CARLSON, ROBERT		NAME		art Woh	1 farth		
CITY-ST-ZIP	JUPITER, FL 33458			ST-ZIP	o cassi	Lly Way	458	
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CITY+ST-ZIP	· · · · · · · · · · · · · · · · · · ·			CETADORESS 113 Cassilly Way				
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CITY+ST-ZIP	JUPITER, FL 33458				pitel F		58	
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CITY-ST-ZIP				ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter of the corporation of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if								
changed, or on an attachment with an address, with all other like empowered:								
SIGNATURE: David 9 Buchaman 11/23/04 (561) 746-2368								