

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 JUN 15 AM 10:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N 36758

1. Corporation Name

STEPI OF HIGHLAND BEACH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3135 S. Federal Highway  
Suite #660  
Delray Beach, FL 33483

3135 S. Federal Highway  
Suite #660  
Delray Beach, FL 33483

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

02/22/90

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3046773

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	CORNACCHIA, BRIAN	3135 S. Federal Highway	Delray Beach, FL 33483
D	Gasser, Lou	39 Bay Avenue	Seacliff, NV 11579
D	Cornacchia, Joseph	525 S. Flagler Dr. #4C	West Palm Bch, FL 33411
			200003291782-3
			-06/15/00--01098--001
			****428.75 ****428.75

REINSTATEMENT 97-00 1 TS

8. Name and Address of Current Registered Agent

Donato, Richard T.  
7700 Davie Road Extension  
Hollywood, Florida 33024

9. Name and Address of New Registered Agent

Name HCRM Corp.

Street Address (P.O. Box Number is Not Acceptable)  
2200 Corporate Blvd., N.W.

Suite, Apt. #, Etc.

Suite 401

City

Boca Raton

State

FL

Zip Code

33431

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Andrew M. Gross*

Andrew M. Gross, V.P.

Date June 14, 2000

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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:

*Brian Cornacchia*

Brian Cornacchia, Pres.,

June 14, 2000 (561) 212-9983

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #