

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N41384

1. Corporation Name

Villas of Ocean Crest Homeowners Association, Inc.

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

2115 S Ocean Drive

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

33483

Country

USA

3. Mailing Office Address

1500 W Cypress Creek Road

Suite, Apt. #, etc.

Suite 108

City & State

Fort Lauderdale, FL

Zip

33309

Country

USA

7. Name and Address of Current Registered Agent

Name

Personal Property Management, Inc.

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

1500 W Cypress Creek Road

Suite, Apt. #, Etc.

Suite 108

City

Fort Lauderdale

State

FL

Zip Code

33309

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

Robert M. Greene

REGISTERED AGENT MUST SIGN

Date

3/23/2010

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	Kate Macaleer	2115 S Ocean Drive	Delray Beach, FL 33483
VP	Steven Posovsky	2115 S Ocean Drive	Delray Beach, FL 33483
S	Val Stirberg	2115 S Ocean Drive	Delray Beach, FL 33483
T	Robert Koenig	2115 S Ocean Drive	Delray Beach, FL 33483

10. E-mail Address: robert@ppmmgmt.com

(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:

Kate Macaleer

Kate Macaleer

3/23/2010 954-771-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 MAR 24 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800173045538

03/24/10--01035--022 **183.75

REINSTATEMENT 08-10

4. Date Incorporated or Qualified
To Do Business in Florida

12/20/1990

5. FEI Number

54-1510535

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.