

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAR 24 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

Nu2319

1. Corporation Name

PALM LAKES PROPERTY OWNERS ASSOCIATION, INC.

2. Principal Office Address

4601 Community Dr.

3. Mailing Office Address

4601 Community Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

REINSTATEMENT 95-03

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33417

Country

Palm Beach

Zip

33417

Country

Palm Beach

**4. Date Incorporated or Qualified
To Do Business in Florida**

March 1, 1991

5. FEI Number

593129164

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

Gary Walk, Esq.

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

Boose, Casey, Ciklin et al. 300014452432 03/24/03--01008--008 **726 25

Suite, Apt. #, Etc.

515 No. Flagler Drive, 18th Floor, Northbridge Tower 1

City

West Palm Beach

State

FL

Zip Code

33401

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**

Gary Walk

REGISTERED AGENT MUST SIGN

Date 3/14/03

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	Martin List	223 Sunset Avenue, No. 110	Palm Beach, FL 33480
D	Mark F. Levy	100 Century Blvd.	West Palm Beach, FL 33417
D	Herbert H. Kollinger	7025 Carlisle Lane	Alpharetta, GA 30022
D	Edwin P. Kollinger	2809 N. East 25th St.	Ft. Lauderdale, FL 33305

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:

Martin A. List

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECTOR

MARTIN A. LIST

Date

3/14/03

Daytime Phone #

655-7150

CR2E081 (10/02)