

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 OCT 30 AM 10:29

10/31

DOCUMENT # N49173

1. Corporation Name

BOYNTON BEACH COMMUNITY DEVELOPMENT CORPORATION

Principal Place of Business

101 N.E. 5TH AVENUE
BOYNTON BEACH FL 33435
US

Mailing Address

101 NE 5TH AVENUE
BOYNTON BEACH FL 33435
US

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

06/01/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0350962

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD VD	HEARST-WILLIAMS, TANYA	410 NW 6TH AVENUE	BOYNTON BEACH FL 33435
DT	BRADY, CLIFFORD E II	325 NE 15TH CT	BOYNTON BEACH FL 33435
SD	REEVES, DOROTHY JEAN	2070 NW 1ST STREET	BOYNTON BEACH FL 33435
PD	MCGEE, KATHERINE	1450 NW 1ST COURT	BOYNTON BEACH FL
PD	Matthews, Arthur Jr.	1262 Gondola Court	Boynton Beach FL 33426

200802337112-1
-11/04/97-01009-006
****245.00 ****245.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~HEARST-WILLIAMS, TANYA~~
~~410 NW 6TH AVENUE~~
~~BOYNTON BEACH FL 33435~~

Name

Matthews, Arthur Jr.

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

1262 Gondola Court

Suite, Apt. #, Etc.

City

Boynton Beach

State
FL

Zip Code
33426

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

REGISTERED AGENT MUST SIGN

Date 10-28-97

11. This corporation owes or has paid 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-28-97