

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 JAN -3 AM 11:50

DOCUMENT # N93000000650

1. Corporation Name

**NOVELTY SUBDIVISION HOMEOWNERS' ASSOCIATION, IN
C.**

Principal Place of Business

% COMMUNITY DEVELOPMENT
100 W. ATLANTIC BLVD.
POMPANO BEACH FL 33060

Mailing Address

% COMMUNITY DEVELOPMENT
100 W. ATLANTIC BLVD.
POMPANO BEACH FL 33060

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/08/1993

5. FEI Number

65-0486193

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ ☒ ☐



REINSTATEMENT

99

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 | 4 City / State / Zip |
|---------------|---|--|---|
| TS | WATKINS, BETTY | 370 NW 14TH ST | POMPANO BEACH FL 33060 |
| DP | ERNESTINE PRICE | 1461 NW 3RD WAY | POMPANO BEACH FL 33311 |
| DAS | HARDEMAN, MARY | 1440 NW 3 TERRACE | POMPANO BEACH FL 33060 |
| VPD | JACKSON, JOYCE | 360 NW 140 STREET | POMPANO BEACH FL |
| AT | JONES, LINDA | 1460 NW 3RD TERR | POMPANO BEACH FL |
| | | | 200003096712--7 -01/12/00--01098--003 ****236.25 ****236.25 |

8. Name and Address of Current Registered Agent

HUDSON, L. JAMES
COMMUNITY DEVELOPMENT
100 W. ATLANTIC BLVD.
POMPANO BEACH FL 33060

9. Name and Address of New Registered Agent

Name

Ernestine Price

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

1461 NW 3rd Way

Suite, Apt. #, Etc.

Pompano Beach, FL 33060

City

State

FL

Zip Code

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

Ernestine Price **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date 12-29-99

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 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 REQUIRED
Ernestine Price
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-1-99

Date

Daytime Phone #

KE