

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 SEP 26 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000002887

1. Corporation Name

Huntington Square Association, Inc.

2. Principal Office Address

777 Yamato Road

Suite, Apt. #, etc.

Suite 135

City & State

Boca Raton, FL

Zip

33431

Country

USA

3. Mailing Office Address

777 Yamato Road

Suite, Apt. #, etc.

Suite 135

City & State

Boca Raton, FL

Zip

33431

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/28/1993

5. FEI Number

65-0423820

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code

32301

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

Karen M. Dyer, Asst. Sec.

Date

5/9/06

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
PD	Ralph Kittrell	777 Yamato Rd., Ste. 135	Boca Raton, FL 33431
YP T	Tina Goodman	3450 Lakeside Dr., #135	Miramar, FL 33027
S	Kevin Probel	777 Yamato Rd., Ste. 135	Boca Raton, FL 33431
D	Robert Fenza	500 Chesterfield Pkwy	Malvern, PA 19355
D	Anne Sheppard	500 Chesterfield Pkwy	Malvern, PA 19355
		6/29/27	

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 contained in Chapter 119, 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:

Anne Sheppard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #