

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -2 PM 4: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001297

1. Corporation Name

Santa Barbara At Grand Palms Association Inc.

2. Principal Office Address

C/O
Fairman & Assoc. Inc.
4281-NW-1st-Avenue

3. Mailing Office Address

4281-NW-1st-Avenue
Suite, Apt. #, etc.

City & State

Boca Raton Fl.

Zip

33431

Country

USA

City & State

Boca Raton, Fl.

Zip

33431

Country

USA

REINSTATEMENT

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

3/15/1994

5. FEI Number

650479690

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

Fairman & Associates Inc.

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

4281 NW 1st Avenue

Suite, Apt. #, Etc.

City

Boca Raton

State
FL

Zip Code
33431

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/15/02

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	Susan Messana	4281 NW 1st Ave	Boca Raton Fl 33431
VPD	Mark Nash	4281 NW 1st Ave	Boca Raton Fl 33431
TD	Alvin Entin	4281 NW 1st Ave	Boca Raton Fl 33431
SD	Mitch Weinstein	4281 NW 1st Ave	Boca Raton Fl 33431
D	Robert Bowling	4281 NW 1st Ave	Boca Raton Fl 33431

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/15/02

Daytime Phone #

561-362-7224

CR2ED1 (9/01)