

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JUL 11 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 94 00 000 1403

1. Corporation Name

Jonathans Grove Homeowners Association

2. Principal Office Address

3885 Jonathans Way
Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 24-4666
Suite, Apt. #, etc.

City & State

Boynton Beach FL

City & State

Boynton Beach FL

Zip

33436

Country

USA

Zip

33424-4666

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

March 21, 1994

5. FEI Number

59-0323468

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

00-01

7. Name and Address of Current Registered Agent

Name

Betty Carroll

23625-Adm

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

3802 Jonathans Way

61-25-AR

Suite, Apt. #, Etc.

City

Boynton Beach

State

FL

Zip Code

33436

8. 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

Betty Carroll

REGISTERED AGENT MUST SIGN

Date

7/7/01

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
Pres + Dir.	Gaetano Buscemi	3885 Jonathans Way	Boynton Beach, FL, 33436
VP + Dir	Alfred Scancarelli	3876 Jonathans Way	"
2nd VP + Dir	Jerry Doser	3855 Jonathans Way	400004488694--9
Sec + Dir	Henry Deibel	3858 Jonathans Way	-07/23/01--01003--001 ****297.50 ****297.50
Treas + Dir	Betty Carroll	3802 Jonathans Way	"

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:

Betty Carroll Betty Carroll

7/7/01

Date

561-964-8224

Daytime Phone #