

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

pg 1 of 2

**APPLICATION
FOR
REINSTATEMENT**



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

1997 JUN 13 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001603

1. Corporation Name

ABERDEEN COMMERCIAL CENTER ASSOCIATION, INC.

Principal Place of Business

4665 LeChalet Blvd.
Boynton Beach, FL 33437

Mailing Address

4665 Le Chalet Blvd.
Boynton Beach, FL 33437

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

2. New Principal Office Address, If Applicable
1500 Corporate Way

3. New Mailing Address, If Applicable
1500 Corporate Way

Suite, Apt. #, etc.
104

Suite, Apt. #, etc.
104

City & State
Wellington, FL

City & State
Wellington, FL

Zip 33414 Country USA

Zip 33414 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida
3-30-94

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

SB 75

400002211344-9

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DP	William Hammersley	4965 LeChalet Blvd.	Boynton Beach, FL 33437
DV	Charles M. Black	4965 LeChalet Blvd.	Boynton Beach, FL 33437
DV	Donenic Rizzo	4965 LeChalet Blvd.	Boynton Beach, FL 33437
ST			
DP	Hank Yunes	1500 Corporate Center Way Suite 104	Wellington, FL 33414
DV	Jonathan Satter	1500 Corporate Center Way Suite 104	Wellington, FL 33414
DST	Patrick J. DiSalvo	1200 Corporate Center Way Suite 100	Wellington, FL 33414

8. Name and Address of Current Registered Agent

William Hammersley
4965 LeChalet Blvd.
Boynton Beach, FL 33437

9. Name and Address of New Registered Agent

Name
Paramount Real Estate Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
1500 Corporate Center Way
Suite, Apt. #, Etc.
Suite 104
City
Wellington
State
FL
Zip Code
33414

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of Registered Agent

BY: Hank Yunes, Pres.
REGISTERED AGENT MUST SIGN

Date June 11, 1997

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

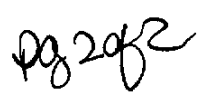
(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 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., and that all fees owed by the corporation have been paid. 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: Hank Yunes, Pres.
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date June 11, 1997 561-798-9400
Daytime Phone #

WSD
6/13/97



REFERENCE : 427385 87551A

Patricia Page

~~000000099-0432-03~~

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97 JUN 13 AM 10:42
DIVISION OF CORPORATION