PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 19 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000001404

1. Corporation Name
The Preserve At Boca Raton Homeowners Association, Inc.

REINSTATEMENT 03

2. Principal Office Address	**3.** Mailing Office Address
4947 NW 23rd Court	4947 NW 23rd Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton, FL	City & State: Boca Raton, FL
Zip: 33431 Country: USA	Zip: 33431 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 03/22/1995

5. FEI Number 232842340 ☐ 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: Keith F. Backer, Esq.

Street Address (P.O. Box Number is Not Acceptable): 136 East Boca Raton Road

000024863220
11/19/03--01067--001 **245.00

Suite, Apt. #, Etc.

City: Boca Raton | State: FL | Zip Code: 33432

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 _____ Date 10-29-03
REGISTERED AGENT MUST SIGN

CR2E031 (10/03)

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	Garry Olah	4947 NW 23rd Court	Boca Raton, FL 33431
VD	Kevin Wiley	2348 NW 49th Lane	Boca Raton, FL 33431
TD	Lisa Pelligrino	4941 NW 23rd Court	Boca Raton, FL 33431
SD	Robert Roman	5013 NW 24th Circle	Boca Raton, FL 33431
D	Chris Reynolds	2403 NW 49th Lane	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: _____ Garry Olah, President 10-29-03 9542673074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #