

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

01 JAN 16 AM 8:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N95000001697

1. Corporation Name  
**CEDAR RIDGE ESTATES PROPERTY OWNERS ASSOCIATION, INC.**

2. Principal Office Address <b>P.O. Box 3372</b>		3. Mailing Office Address <b>P.O. Box 3372</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>BOYNTON BEACH, FL</b>		City & State <b>BOYNTON BEACH, FL</b>	
Zip <b>33426</b>	Country <b>USA</b>	Zip <b>33426</b>	Country <b>USA</b>

**REINSTATEMENT** *910-100*

4. Date Incorporated or Qualified To Do Business in Florida <b>4/6/95</b>	
5. FEI Number <b>65-0739704</b>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name <b>STEVE ROSA</b>	200003582802--7
Street Address (P.O. Box Number is Not Acceptable) <b>17 PEPPERWOOD COURT</b>	-01/26/01--01156--002 ****481.25 ****481.25 <b>LS</b>
Suite, Apt. #, Etc.	
City <b>BOYNTON BEACH, FL</b>	State <b>FL</b> Zip Code <b>33426</b>

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: *Steve Rosa* Date: **1-09-01**  
REGISTERED AGENT MUST SIGN

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	STEVE ROSA	17 PEPPERWOOD COURT BOYNTON BEACH, FL 33426	BOYNTON BEACH, FL 33426
VD	TIM GRANOWITZ	24 PEPPERWOOD COURT	BOYNTON BEACH, FL 33426
TD	SUZI RAPP	3 OAKWOOD COURT	BOYNTON BEACH, FL 33426

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: *Suzi Rapp* **SUZI RAPP** **1/5/01** **(561) 686-1110**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)