

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 NOV -2 AM 10:13

DOCUMENT # N95000002222

**1. Corporation Name**

WATERS EDGE ON HILLSBORO MILE HOMEOWNERS' ASSOCIATION, INC.

**2. Principal Office Address**

1153 Hillsboro Mile

Suite, Apt. #, etc.

Units 2 and 3

City & State

Hillsboro Beach

Zip

33062

Country

USA

**3. Mailing Office Address**

1153 Hillsboro Mile

Suite, Apt. #, etc.

Units 2 and 3

City & State

Hillsboro Beach

Zip

33062

Country

USA

REINSTATEMENT

CR2E081 (12/05)

06

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

5/3/1995

**5. FFL Number**

65-0688305

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

Kenneth Edelman, P.A.

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

2255 Glades Road

Suite, Apt. #, Etc.

Suite 337W

City

Boca Raton

State

FL

Zip Code

33431-7383

**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

10/24/06

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
PRES	Nicholas Di Tempora	1153 Hillsboro Mile	Hillsboro Beach, FL 33062
VP	Yolanda Di Tempora	1153 Hillsboro Mile	Hillsboro Beach, FL 33062
SEC	Jack Bransfield	1153 Hillsboro Mile	Hillsboro Beach, FL 33062

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**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 contained in Chapter 119, 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:

Nicholas Di Tempora

10/27/06

(954) 246-8600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #