

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 NOV 13 PM 3:00

DOCUMENT # N95000004837

1. Corporation Name

OCEAN CLUB TOWNHOMES AT JUPITER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

810 SATURN STREET  
SUITE 17  
JUPITER FL 33477

2050 S A1A  
#16  
JUPITER FL 33477  
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

10/12/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number 65-0915410

Applied For

City & State

City & State  
NAPERVILLE, ILLINOIS

65-0288734

Not Applicable

Zip

Country

Zip

Country

60540

U.S.A.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PBS	THEIX, MARGARET	810 SATURN ST, STE 17	JUPITER FL 33477
VB	FONTAINE, HANNOX	810 SATURN ST, STE 17	JUPITER FL 33477
TD	THOMAS, STEPHEN	810 SATURN STREET, SUITE 17	JUPITER FL 33477
PD	CAMILLE O. HOFFMANN	7 S 251 OLESEN LANE	NAPERVILLE, ILLINOIS 60540
TD	JOSEPH BUSACCA	2050 S A1A # 3	JUPITER, FLORIDA 33477
SD	ELAINE MORDES	2050 S. A1A #4	JUPITER, FLORIDA 33477
VPD	HANNO FONTAINE	2050 S. A1A #1	JUPITER, FLORIDA 33477

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GORDON, PATRICK M  
810 SATURN STREET, #17  
JUPITER FL 33477

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. 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

Date 11/8/2000

REGISTERED AGENT MUST SIGN

11. 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.

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-12/04/00--01001--019  
\*\*\*\*236.25 \*\*\*\*236.25

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/6/00

Date

630-357-3300

Daytime Phone #

CR2E040 (8/00)