

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000000852			
1. Corporation Name JUPITER VILLAGE RECREATION CORPORATION			
Principal Place of Business 8259 N MILITARY TRAIL STE 211 WEST PALM BEACH FL 33410		Mailing Address 8259 N MILITARY TRAIL STE 211 WEST PALM BEACH FL 33410	
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	
Suite, Apt. #, etc. PO Box 2050		Suite, Apt. #, etc. PO Box 2050	
City & State Jupiter, FL		City & State Jupiter, FL	
Zip 33468		Zip 33468	
Country USA		Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 02/19/1996		5. FEI Number 59-2310580	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Additional Fee required for a Certificate of Status \$8.75	
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	
D	BEAUMONT, MARK	111 ROSEWOOD CIR Suite E-3 2581 Jup. Park Dr.	JUPITER FL 33458
D	SCHWARTZ, HARRY	111 OAKWOOD DR Suite E-3 2581 Jup. Park Dr.	JUPITER FL 33458
D	ERWIN, JANET	150 GREENTREE CR Suite E-3 2581 Jup. Park Dr.	JUPITER FL 33458
D	CORDES, DAWN	117 LAKEVIEW CIR	JUPITER FL 33458
8. Name and Address of Current Registered Agent			
9. Name and Address of New Registered Agent			
ZINK, KAREN 8259 N MILITARY TRAIL STE 11 WEST PALM BEACH FL 33410			
Name 2581 Jupiter Park Dr. Suite E-3 Jupiter State FL Zip Code 33458			
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 KAREN ZINK Date 10/22/01			
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.			
SIGNATURE: DAVID L. GANNIS Date 10/22/01 Daytime Phone # (561) 575-7136			