

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra M. ...
Secretary of State

DIVISION OF CORPORATIONS

FILED

98 JAN 12 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000001077

1. Corporation Name

WEST PALM BEACH HOUSING AUTHORITY RESIDENTS ASSOCIATION, INC.

Principal Place of Business

C/O WEST PALM BEACH HOUSING AUTHORITY
1612 NORTH TAMARIND AVENUE
WEST PALM BEACH FL 33407

Mailing Address

C/O WEST PALM BEACH HOUSING AUTHORITY
1612 NORTH TAMARIND AVENUE
WEST PALM BEACH FL 33407

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

02/28/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For

☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	BANNISTER, EVELYN	805-4 15TH STREET	WEST PALM BEACH FL 33407
D	MAXIE, ANDREAL	5100 45TH STREET, 7B	WEST PALM BEACH FL 33404
D	SMITH, HENRIETTA	604 21ST STREET, APT. B	WEST PALM BEACH FL
D	HARRIS, LOUISE	1251- 7TH STREET	WEST PALM BEACH FL 33401
D	OXBOROUGH, CATHERINE	3934-4 LAKE AVENUE	WEST PALM BEACH FL 33405
			600002400726---6 -01/14/98--01120--001 *****245.00 *****245.00

8. Name and Address of Current Registered Agent

SELF, DAVID C II
450 AUSTRALIAN AVENUE SOUTH
SUITE 400
WEST PALM BEACH FL 33401

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

David C. II

REGISTERED AGENT MUST SIGN

Date January 7, 1998

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Andrell Maxie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-98

Date

561/833-2068
Daytime Phone #