

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96 000003683

1. Corporation Name

CASA PLAYA OF DELRAY BEACH

2. Principal Office Address

951 BROKEN SOUND PKY

Suite, Apt. #, etc.

250

City & State

BOCA RATON FL

Zip

33487

Country

USA

3. Mailing Office Address

951 BROKEN SOUND PKWY

Suite, Apt. #, etc.

#250

City & State

BOCA RATON FL

Zip

33487

Country

USA

FILED
04 JUN -4 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT BSY

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0756650

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

COMMUNITY ASSOCIATION SERVICES 600037666686

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

951 BROKEN SOUND PKY

Suite, Apt. #, Etc.

#250

City

BOCA RATON

State

FL

Zip Code

33487

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

[Signature]

Date

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	FRIEDMAN, STUART	1855 SOUTH OCEAN BLVD #10	DELRAY BEACH, FL 33483
VPD	SANTANGELO, PAT	1855 SOUTH OCEAN BLVD #3	DELRAY BEACH, FL 33483
TD	ROSETTI, RON	1855 SOUTH OCEAN BLVD #6	DELRAY BEACH, FL 33483
D	PONTE, PAUL	1855 SOUTH OCEAN BLVD #8	DELRAY BEACH, FL 33483

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:

Stuart Friedman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/04

Date

361-994-1788

Daytime Phone #

CR2E01 (01/04)