

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JAN 11 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000004834

1. Corporation Name

JUPITER FARMS CENTER PROPERTY OWNERS' ASSOCIATION, INC

2. Principal Office Address - No P.O. Box #

2000 PGA Boulevard

Suite, Apt. #, etc. . .

2204

City & State

North Palm Beach, FL

Zip

33408

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

CR2E081 (12/07)

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

9-18-1996

5. FEI Number

65-0750740

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

William E. Burckart

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

2000 PGA Boulevard

Suite, Apt. #, Etc.

Suite 2204

City

North Palm Beach

State

FL

Zip Code

33408

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

William E. Burckart

Date 1-8-07

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	William E. Burckart	2000 PGA Blvd, Ste 2204	N. Palm Beach, FL 33408
STD	Ivan C. Fredericksen	2000 PGA Blvd, Ste 2204	N. Palm Beach, FL 33408
VD	Carrie Burckart	11 Bayview Terrace	Teguesta, FL 33469

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01/11/08 01007 010 #433.75

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:

William E. Burckart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-07

Date

561-351-5157

Daytime Phone #