

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N96000005364**

1. Corporation Name **Addison Green at Aberdeen Assoc.  
Inc.**

Principal Place of Business Mailing Address

**1499 W. Palmetto Park Rd.  
Ste. 200  
Boca Raton, FL 33486**

**951 Broken Sand Pkwy.  
Ste. 250  
Boca Raton, FL 33487**

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**6300 Park of Commerce Blvd.  
Boca Raton, FL  
33487**

**U.S.A.**

4. Date Incorporated or  
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

**08/24/01--01035--005**

**65-0835510**

**08/24/01--01035--005**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
VTD	Levy, Jo Ann	1690 S. Congress Ave Ste. 200	Delray Beach FL 33445
P.D	D'Addario, Merle	1690 S. Congress Ave Ste. 200	Delray Beach FL 33445
D	Patricia Fund	1690 S. Congress Ave Ste. 200	Delray Beach FL 33445
	236.25-Adm		
	61.25-AR		

**REINSTATEMENT**

**200001**  
*[Signature]*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**D'Addario, Merle  
1690 S. Congress Avenue  
Ste. 250  
Boca Raton, FL 33487**

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

REGISTERED AGENT MUST SIGN

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:

*[Signature]* **JoAnn Levy**

**7/30/01 361-274-2000**  
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR