

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 # N97000003815

1. Corporation Name

WEST BOYNTON SECTOR PLANNING INITIATIVE, INC.

Principal Place of Business

C/O DUBOIS FARMS, INC.  
DRAWER 189  
BOYNTON BEACH FL 33425

Mailing Address

C/O DUBOIS FARMS, INC.  
DRAWER 189  
BOYNTON BEACH FL 33425

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

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)
D	DUBOIS, WILLIAM JR.	C/O DUBOIS FARMS, INC. DRAWER 18
D	WEAVER, GEORGE	BOYVIC FARMS, 871 E. COMMERCIAL
D	CLARK, ROGER	LAND O SUN GROVES 4467 FRANCES D

8. Name and Address of Current Registered Agent

BRANDENBERG, GARY M BRANDENBURG  
222 LAKEVIEW AVENUE  
SUITE 1400  
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

City / State / Zip

BOYNTON BEACH FL 33425

FORT LAUDERDALE FL 33334

DELRAY BEACH FL 33445

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-02/23/99-01085-005  
\*\*\*\*297.50 \*\*\*\*297.50

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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.05(5), F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 1/25/99

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
William Dubois, Jr.

1/25/99 561-498-3000  
Date Daytime Phone #

FILED

99 FEB 16 PM 4:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

07/01/1997

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

☒ Applied For  
☐ Not Applicable

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CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status