

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N97000003859**

1. Corporation Name

**Favale Estates Homeowners
Association, INC**

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

5174 Clover Creek Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Boynton Beach

City & State

Zip

Country

33437 USA

Zip

Country

900259760119

05/01/14--01031--001 **420.00

CR2B081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

July 7, 1997

5. FEI Number

05-0790422

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

NO

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Raffaele Favale

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

5174 Clover Creek Drive

Suite, Apt. #, Etc.

Boynton Beach, FL

City

State

FL

Zip Code

33437

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 607.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date **APRIL 28, 2014**

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
<input checked="" type="checkbox"/>	Mauricio Favale	109 Trailing Oak	Carey, NC 27513
<input checked="" type="checkbox"/>	Rudolfo Favale	2929 S. Ocean Blvd #118	Boca Raton, FL 33432
<input checked="" type="checkbox"/>	Raffaele Favale	5174 Clover Dr.	Boynton Beach, FL 33437
			S. HAWKES
			MAY -7 A.M.
			EXAMINER

REINSTATEMENT

2011-2014

10. E-mail Address: **thestyledude@aol.com**

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 28, 2014

Date

Daytime Phone #