PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000001522

1. Corporation Name
Village Square Professional Park Property Owners Association, INC.

2. Principal Office Address	**3.** Mailing Office Address
2359 Treasure Isle Drive	2359 Treasure Isle Drive
Suite, Apt. #, etc. #39	Suite, Apt. #, etc. #39
City & State Palm Beach Gardens FL	City & State Palm Beach Gardens, FL
Zip 33410 Country USA	Zip 33410 Country USA

4. Date Incorporated or Qualified To Do Business in Florida March 16, 1998

5. FEI Number 65-0992282 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

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7. Name and Address of Current Registered Agent

Name: Glenn R. Weller

Street Address (P.O. Box Number is Not Acceptable): 2359 Treasure Isle Drive

REINSTATEMENT 99-00

Suite, Apt. #, Etc.: #39

City: Palm Beach Gardens | State: FL | Zip Code: 33410

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 _____ Date 9/16/00
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
President Asst Secy Director	Glenn Weller	2359 Treasure Isle Dr #39	Palm Beach Gardens FL 33410
V. Pres. Secy Director	Mike Morel	6135 LINTON St	Jupiter, FL 33418
V. Pres Director	Whit Wintree	1461 Cypress Drive	Jupiter, FL 33469

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: _____ Glenn R. Weller 9/16/00 (561) 691-9189
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #