

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 AUG -2 AM 9:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N99000002635

1. Corporation Name

NORTHWOOD GARDENS NEIGHBORHOOD ASSOCIATION, INC

2. Principal Office Address

424 41ST STREET

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL.

Zip

Country

33407

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT** 01-02

4. Date Incorporated or Qualified  
To Do Business in Florida. 4-26-99

5. FEI Number

65-1017032

☒ 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

KAREN A. NELSON

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

4404 SPRUCE AVENUE

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State  
**FL**

Zip Code

33407

900006952149--1

08/07/02 01050-004

\*\*\*297.50 \*\*\*297.50

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

Karen A. Nelson

REGISTERED AGENT MUST SIGN

Date 7-30-02

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
D	JOHN CRAMER	424 41ST STREET	WPB, FL 33407
D	SUSAN VAREY	427 41ST STREET	" " "
D	FRANK ROSE	420 42ND STREET	" " "
D	KAREN NELSON	4404 SPRUCE AVENUE	" " "

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:

Susan Varey Susan Varey

7-30-02

Date

Daytime Phone #

561-881-5888

28 8/5/02