

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 JUL 18 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000003921

1. Corporation Name

Loxahatchee Estates Property Owners Association,
Inc.

2. Principal Office Address

1700 Ocean Way

3. Mailing Office Address

1700 Ocean Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jupiter, FL

City & State

Jupiter, FL

Zip

33477

Country

Zip

33477

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/25/99

5. FEI Number

65-0930455

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

Scott J. Leitten

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

1001 N. U.S. Highway One

Suite, Apt. #, Etc.

400

City

Jupiter, FL

State
FL

Zip Code
33477

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

REGISTERED AGENT MUST SIGN

Date 6/27/02

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	Daniel DeAngelis	1700 Ocean Way	Jupiter, FL 33477
D	Kelly S. Whiteside	1700 Ocean Way	Jupiter, FL 33477
D	Allyn Pier	1700 Ocean Way	Jupiter, FL 33477

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Allyn Pier

Date

7/12/02

Daytime Phone #

561-743-7800

CR2E061 (9/01)

js 7/18/02