

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # *P00000069132*

1. Corporation Name

Auder-Siegel Homes at Mizner Falls, INC.

2. Principal Office Address

7361 S. 102nd Place

Suite, Apt. #, etc.

City & State

Boynton Beach, FL.

Zip

33437

Country

Palm Beach

3. Mailing Office Address

7361 S. 102nd Place

Suite, Apt. #, etc.

City & State

Boynton Beach, FL.

Zip

33437

Country

Palm Beach

4. Date Incorporated or Qualified
To Do Business in Florida

July 20, 2000

5. FEI Number

65-1032560

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

Painter, James M. Esq

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

1300 North Federal Hwy.

Suite, Apt. #, Etc.

Suite 110

City

Boca Raton

State

FL

Zip Code

33432-2848

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

[Signature]

Date

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
<i>DV</i>	<i>Auder, Jodi</i>	<i>7361 S. 102nd Place</i>	<i>Boynton Beach, FL 33437</i>
<i>DPST</i>	<i>Siegel, Stephen J.</i>	<i>7361 S. 102nd Place</i>	<i>Boynton Beach FL 33437</i>

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(561) 742-8300

Daytime Phone #

FILED
02 APR 26 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800005492888--4
-05/09/02--01001--019
****900.00 ****900.00

REINSTATEMENT *01-02*