

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

02 MAR 12 PM 3:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000005769**

1. Corporation Name

**K. HOVNANIAN AT POLO TRACE, INC.**

Principal Place of Business

Mailing Address

1800 S AUSTRALIAN AVE  
~~SUITE 400~~  
WEST PALM BEACH FL 33409

1800 S AUSTRALIAN AVE  
~~SUITE 400~~  
WEST PALM BEACH FL 33409

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date incorporated or Qualified  
To Do Business in Florida

01/25/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

22-3284165

Not Applicable

Zip

Country

Zip

Country

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	RAPAPORT, JON	1800 S. AUSTRALIAN AVE., #400	WEST PALM BEACH FL 33409
D	HOVNANIAN, ARA K	61 WHIPPORWILL VALLEY RD	ATLANTIC HIGHLANDS NJ
D	MASON, TIMOTHY P	22 DEVON DR	PISCATAWAY NJ
D	BUCHANAN, PAUL W	8 BLUEBERRY LANE	LEONARDO NJ
D	REINHART, PETER S	2 BAYHILL RD	LEONARDO NJ
D	SCHIMPF, JOHN J	227 PELICAN RD	MIDDLETOWN NJ

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRANNOCK, G S  
1800 S AUSTRALIAN AVE  
~~SUITE 400~~  
WEST PALM BEACH FL 33409

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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., 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

Date

Daytime Phone #

CR2E040 (8/01)



4000 PINE VALLEY, PORT ST. LUCIE, FL 34952 (561) 337-1555 • FAX (561) 337-2002

March 7, 2002

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

RE: K. HOVNANIAN AT POLO TRACE, INC.

To Whom It May Concern:

I have enclosed the Application for Reinstatement and a check for the instructed \$300 fee. Our office did not receive any previous Uniform Business Reports for the above corporation. Would you kindly waive the late fees.

For your reference, our company has many corporations and we received and paid those Uniform Business Reports. Had we received the above, we certainly would have submitted and paid in a timely fashion. Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jonathan Rapaport', written over the printed name.

Jonathan Rapaport  
President

K. Hovnanian Companies of Florida, Inc.