

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 # **P94000050723**

1. Corporation Name

BALLANTRAE HOME SALES, INC.

Principal Place of Business

Mailing Address

1800 SOUTH AUSTRALIAN AVENUE
~~SUITE 400~~ *Suite 402*
W PALM BEACH FL 33409

1800 SOUTH AUSTRALIAN AVENUE
~~SUITE 400~~ *Suite 402*
W 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

Suite, Apt. #, etc.

402

Suite, Apt. #, etc.

402

City & State

City & State

Zip

Country

Zip

Country

Date Incorporated or Qualified
To Do Business in Florida

07/08/1994

5. FEI Number

22-3312524

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HOVNANIAN, KEVORK S	362 VIA LINDA	PALM BEACH FL
D	HOVNANIAN, ARA K	61 WHIPPORWILL VALLEY RD.	ATLANTIC HIGHLANDS NJ
P	RAPAPORT, JON	1800 S AUSTRALIAN AVE, #400	WEST PALM BEACH FL 33409

0000005195680--3
-04/05/02--01055--011
***300.00 ***300.00

8. Name and Address of Current Registered Agent

BRANNOCK, G S
18900 S. AUSTRALIAN AVE.
~~SUITE 400~~
W PALM BEACH FL 33409

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

402

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

3/7/02

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/7/02 *561 718-7516*

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: BALLANTRAE HOME SALES, 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', is written over the typed name.

Jonathan Rapaport
President

K. Hovnanian Companies of Florida, Inc.