

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JAN -7 AM 11:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000059588

1. Corporation Name

COMMUNITY ASSOCIATION MANAGEMENT SYSTEMS, INC.

Principal Place of Business

314 NE 3RD ST  
BOYNTON BCH FL 33426  
US

Mailing Address

314 NE 3RD ST  
#217  
BOYNTON BCH FL 33426  
US

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



REINSTATEMENT 02-03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

08/10/1994

Suite, Apt. #, etc.

322 N.E. 3rd Street

Suite, Apt. #, etc.

322 N.E. 3rd Street

City & State

Boynton Beach, FL

City & State

Boynton Beach, FL

Zip

33435

Country

USA

Zip

33435

Country

USA

5. FEI Number

65-0527468

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
PD	KASSAL, MARK	314 NE 3RD ST	BOYNTON BCH FL 33435
VSD	REITER, GEORGE E	314 NE 3RD ST	BOYNTON BCH FL 33435
TD	TRAINOR, JOSEPH E	314 NE 3RD STREET	BOYNTON BEACH FL 33426 33435
<del>ZPT</del>	<del>MANN, GARY</del>	<del>314 NE 3RD ST</del>	<del>BOYNTON BCH FL 33435</del>
			600005915666 01/07/03--01048--002 **900.00

8. Name and Address of Current Registered Agent

KASSAL, MARK  
314 NE 3RD STREET  
BOYNTON BEACH FL 33435

9. Name and Address of New Registered Agent

Name

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

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Mark Kassal* REQUIRED  
REGISTERED AGENT MUST SIGN

Date

1-6-03

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:

*Mark Kassal* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-6-03

Daytime Phone #

CR2E040 (8/02)