

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**DOCUMENT #** P94000073508

**1. Corporation Name**

K. HOVNANIAN SOUTHEAST FLORIDA, INC.

**2. Principal Office Address**

10 Highway 35

Suite, Apt. #, etc.

City & State

Red Bank, NJ

Zip

07701

Country

USA

**3. Mailing Office Address**

10 Highway 35

Suite, Apt. #, etc.

City & State

Red Bank, NJ

Zip

07701

Country

USA

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

10/06/1994

**5. FEI Number**

22-3331675

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

FILED  
02 JUN 26 PM 6:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800006259318--3  
-07/08/02--01090--001  
\*\*11700.00 \*\*\*\*900.00

**7. Name and Address of Current Registered Agent**

Name

Jeffrey D. Kneen, Esq.

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

1400 Centrepark Boulevard

Suite, Apt. #, Etc.

Suite 1000

City

West Palm Beach

State

FL

Zip Code

33401

**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

*Jeffrey D. Kneen*  
REGISTERED AGENT MUST SIGN

Date

6-17-02

**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
P/D	Ara K. Hovnanian	10 Highway 35	Red Bank, NJ 07701
S/SV D	Peter S. Reinhart	10 Highway 35	Red Bank, NJ 07701
SV/D	Paul W. Buchanan	10 Highway 35	Red Bank, NJ 07701

**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

*Peter S. Reinhart*  
Peter S. Reinhart

Date

6/18/02

Daytime Phone #

732-747-7800

CR2E081 (9/01)



ACCOUNT NO. : 072100000032

REFERENCE : 641102 7057A

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : June 26, 2002

ORDER TIME : 2:12 PM

ORDER NO. : 641102-050

CUSTOMER NO: 7057A

CUSTOMER: Jeffrey Kneen, Esq  
Levy Kneen Mariani Curtin  
Suite 1000  
1400 Centrepark Boulevard  
West Palm Beach, FL 33401

DOMESTIC FILINGS

NAME: K. HOVNANIAN SOUTHEAST  
FLORIDA, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
02 JUN 26 PM 4:04  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA