

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham
Secretary of State

DIVISION OF CORPORATIONS

FILED

96 DEC 16 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000022825

1. Corporation Name

HFA VENTURES, INC.

Principal Place of Business

Mailing Address

5325 Greenwood Road
Suite 305
West Palm Beach, FL 33407

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

2. New Principal Office Address, If Applicable
2815 South Seacrest Blvd.

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

City & State

Zip

33435

Country

Zip

Country

REINSTATEMENT *Re*

DO NOT WRITE IN THIS SPACE

4. Date incorporated or Qualified
To Do Business in Florida

3/21/95

5. FEI Number

65-0588996

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Robert B. Taylor, Jr.	2815 South Seacrest Blvd.	Boynton Beach, FL 33435
T/D	Caroline Wesenberg	901 45th Street	West Palm Beach, FL 33407
S/D	Ivins Steinhauer	300 Hospital Avenue	Stuart, FL 34994
			500002032985-5 -12/18/96-01101-014 ****375.00 ****375.00

8. Name and Address of Current Registered Agent

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

9. Name and Address of New Registered Agent

Name

Timothy E. Monaghan

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

54 NE Fourth Avenue

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33483

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

Timothy E. Monaghan
REGISTERED AGENT MUST SIGN

Date December 10, 1996

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: *Robert B. Taylor, Jr.* Robert B. Taylor, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/12/1996 561/737-7733

Date Daytime Phone #