

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 APR 15 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P9500039287**

1. Corporation Name

BOYNTON WATERS WEST CORP

2. Principal Office Address

6849 COBIA CIRCLE

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL

Zip

33437

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 00-02

4. Date Incorporated or Qualified
To Do Business in Florida

5/17/95

5. FEI Number

65-0647100

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name

JOHN S. KENNELLY

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

6849 COBIA CIRCLE

Suite, Apt. #, Etc.

City

BOYNTON BEACH

State
FL

Zip Code

33437

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

REGISTERED AGENT MUST SIGN

Date

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

JOHN B KENNELLY

333 KEY PATH RD

BOCA RATON FL 33432

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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

JOHN B KENNELLY

PRES

Date

4/11/02

Daytime Phone #

561-369-2745