PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

99 FEB 15 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000050672**

1. Corporation Name

BOYNTON COMMONS CORPORATION

Principal Place of Business	Mailing Address
c/o 2255 Glades Road	**c/o 2255 Glades Road**
Suite 319A	**Suite 319A**
Boca Raton, FL 33431	**Boca Raton, FL 33431**

REINSTATEMENT 97-99

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
c/o 2255 Glades Road	**c/o 2255 Glades Road**
Suite, Apt. #, etc: **Suite 319A**	Suite, Apt. #, etc: **Suite 319A**
City & State: **Boca Raton, FL**	City & State: **Boca Raton, FL**
Zip: **33431** Country: **US**	Zip: **33431** Country: **US**

4. Date Incorporated or Qualified To Do Business in Florida: **6/27/95**

5. FEI Number: **65-0595832** ☐ 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/S	Donald B. Stiller	c/o 2255 Glades Rd., #319A	Boca Raton, FL 33431
VP/D	Duane J. Stiller	c/o 2255 Glades Rd., #319A	Boca Raton, FL 33431
VP/D	Tandy Lynn Stiller	c/o 2255 Glades Rd., #319A	Boca Raton, FL 33431
T/D	David L. Stiller	c/o 2255 Glades Rd., #319A	Boca Raton, FL 33431

000002780850--0
-02/19/99--01055--018
****550.00 ****550.00

000002780850--0
-02/19/99--01055--019
****500.00 ****500.00

8. Name and Address of Current Registered Agent

Michael A. Schroeder, Esq.
Schroeder and Larche, P.A.
One Boca Place, Suite 319 Atrium
2255 Glades Road
Boca Raton, FL 33431

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.

Signature of Registered Agent: Michael A Schroeder
REGISTERED AGENT MUST SIGN

Date: **November __, 1998**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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: Donald B. Stiller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald B. Stiller/Pres. **Nov. __, 1998** **(561) 482-8310**

Date Daytime Phone #

CR2E040 (1-98)