

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 OCT 29 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000012763

1. Corporation Name

ALBANESE HOMES, INC. II

Principal Place of Business

10462 COPPER LAKE DR.
BOYNTON BCH FL 33437
US

Mailing Address

10462 COPPER LAKE DR.
BOYNTON BCH FL 33437
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

1200 S Rogers Cir Ste 3

City & State

Boca Raton FL

Zip

33487

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

1200 S Rogers Cir Ste 3

City & State

Boca Raton FL

Zip

33487

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/09/1996

5. FEI Number

65-0655495

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
VPS	ALBANESE, LOURIE L	10462 COPPER LAKE DR. 1200 S Rogers Cir Ste 3	BOYNTON BCH FL 33437 Boca Raton FL 33487
P	ALBANESE, STEPHEN	10462 COPPER LAKE DR. 1200 S Rogers Cir Ste 3	BOYNTON BCH FL 33437 Boca Raton FL 33487

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10/29/02--01126--009 **758.75

8. Name and Address of Current Registered Agent

POPKIN, SHURPIN & MACCARI, P.A.
2499 GLADES ROAD
SUITE 114
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name Siegel, Lipman, Dunay & Shepard, LLP
Att: Gary S. Dunay, Esq.

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

5355 Town Center Road.

Suite, Apt. #, Etc.

Suite 801

City

Boca Raton

State

FL

Zip Code

33486

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-02

Date

561-988-6198

Daytime Phone #

CR2E04g (8/02)