

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR -7 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000002875

1. Corporation Name

CRYSTAL BAY at Polo G.P.

2. Principal Office Address 19060
FOX LANDING DR

Suite, Apt. #, etc. BOCA RATON
FL. 33431

City & State

Zip

Country

USA

3. Mailing Office Address

3780 MAJESTIC PALM WAY
DELRAY BEACH FLORIDA 33445

City & State

Zip

Country

USA

2002 + 2003 UBT
FILED KRC 9/17
3780 MAJESTIC PALMWAY
DELRAY BEACH FL. 33445

4. Date Incorporated or Qualified
To Do Business in Florida

1/10/1997

5. FEI Number

650718413

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 BRUCE KANDV

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

3780 MAJESTIC PALM WAY

Suite, Apt. #, Etc.

City

DELRAY BEACH FL.

State

FL

Zip Code

33445

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/03/03

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
OPVP	BRUCE KANDV	3780 MAJESTIC PALM WAY	DELRAY BEACH FL. 33445

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] BRUCE KANDV

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/03/03

Date

Daytime Phone #

561-716-5125

CR2E081 (10/02)

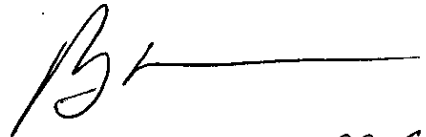
CRYSTAL BAY AT Polo Corp.

Doc # P97000002875

DEAR SIRs:

Please Be ADVISED that we have never
Received notices for this Corporation
in the year 2002, AS PER YOUR
office please WAIVE Late fees

THANKING YOU IN
ADVANCE,


BRUCE KANIOV PRES.