

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUN 26 PM 6:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000077993

1. Corporation Name

K. HOVNANIAN'S FOUR SEASONS OF THE PALM
BEACHES, INC.

2. Principal Office Address

10 Highway 35

3. Mailing Office Address

10 Highway 35

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Red Bank, NJ

City & State

Red Bank, NJ

Zip 07701

Country
USA

Zip

07701

Country
USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

09/09/1998

5. FEI Number

22 3618584

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 **Jeffrey D. Kneen, Esq.**

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

1400 Centrepark Boulevard

Suite, Apt. #, Etc.

Suite 1000

City

West Palm Beach

State
FL

Zip Code
33401

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

Jeffrey D. Kneen
REGISTERED AGENT MUST SIGN

Date

6-17-02

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	Ara K. Hovnanian	10 Highway 35	Red Bank, NJ 07701
S/SV D	Peter S. Reinhart	10 Highway 35	Red Bank, NJ 07701
SV/D	Paul W. Buchanan	10 Highway 35	Red Bank, NJ 07701

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

Peter S. Reinhart
Peter S. Reinhart 6/18/02

Date

732-747-7800

Daytime Phone #

CR2E081 (9/01)



ACCOUNT NO. : 072100000032

REFERENCE : 641102 7057A

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : June 26, 2002

ORDER TIME : 2:13 PM

ORDER NO. : 641102-060

CUSTOMER NO: 7057A

CUSTOMER: Jeffrey Kneen, Esq
Levy Kneen Mariani Curtin
Suite 1000
1400 Centrepark Boulevard
West Palm Beach, FL 33401

DOMESTIC FILINGS

NAME: K. HOVNANIAN'S FOUR SEASONS OF
THE PALM BEACHES, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS _____

RECEIVED
02 JUN 26 PM 4:04
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA