

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 APR 18 PM 3:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P 98 0000 80181

1. Corporation Name

Boynton Vistas, Inc

REINSTATEMENT

99-03

2. Principal Office Address

5139 1st Rd

Suite, Apt. #, etc.

3. Mailing Office Address

5139 1st Rd

Suite, Apt. #, etc.

400016324434

04/18/03--01057--011 \*\*1350.00

City & State

Lake Worth, FL

Zip

33467

Country

Palm Beach

City & State

Lake Worth, FL

Zip

33467

Country

Palm Beach

4. Date Incorporated or Qualified  
To Do Business in Florida

September 16, 1998

5. FEI Number

65-0865478

Applied For

Not Applied

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee req  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Sara Wolff

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

5139 1st Rd

Suite, Apt. #, Etc.

City

Lake Worth

State

FL

Zip Code

33467

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

Sara Wolff

REGISTERED AGENT MUST SIGN

Date

4/15/03

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
VP	Helene Reinschreiber	23338 La Vida way	Boca Raton, FL 33433
P	Jeff Wolff	5139 1st Rd	Lake Worth, FL 33467
S	Sara Wolff	5139 1st Rd	Lake Worth, FL 33467

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:

Sara Wolff / Sara Wolff

4/15/03 561-968-0484 X203