

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 OCT 19 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000099048

1. Corporation Name

EDEN PROPERTY MANAGEMENT, INC.

Principal Place of Business

6542 LAS FLORES DRIVE
BOCA RATON FL

Mailing Address

P O BOX 272298
BOCA RATON FL 33427-2298

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

2. New Principal Office Address, If Applicable

6536 LAS FLORES DR.
Suite, Apt. #, etc.
BOCA RATON FL
City & State

3. New Mailing Office Address, If Applicable

6536 LAS FLORES DR.
Suite, Apt. #, etc.
BOCA RATON FLORIDA
City & State

4. Date Incorporated or Qualified
To Do Business in Florida

11/23/1998

5. FEI Number

65-0878008

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	REILLY, CHRISTINE	6542 LAS FLORES DRIVE 6300 VIA TIERRA	BOCA RATON FL 33433
D	AYTON, MARLEEN	6542 LAS FLORES DRIVE 6536	BOCA RATON FL 33433
			400003031194--4 -11/01/99--01117--021 *****750.00 *****750.00

8. Name and Address of Current Registered Agent

REILLY, CHRISTINE
6542 LAS FLORES DRIVE
BOCA RATON FL

9. Name and Address of New Registered Agent

Name
MARLEEN AYTON
Street Address (P.O. Box Number is Not Acceptable)
6536 LAS FLORES DR.
Suite, Apt. #, Etc.
BOCA RATON FL
City
State FL Zip Code 33433

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

Marleen Ayton
REGISTERED AGENT MUST SIGN

Date

10/14/99

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.

KE

SIGNATURE:

Marleen Ayton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/14/99 561-4821072
Daytime Phone #