

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY 14 AM 8:13

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V40260

1. Corporation Name

KENCO COMMUNITIES AT LAKES OF BOCA, INC

2. Principal Office Address

1000 Clint Moore Road

3. Mailing Office Address

1000 Clint Moore Road

Suite, Apt. #, etc.

Suite 110

Suite, Apt. #, etc.

Suite 110

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33487-2847

Country

USA

Zip

33487-2847

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/02/1992

5. FEI Number

65-0339611

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 0-03

7. Name and Address of Current Registered Agent

Name

Richard Finkelstein

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

1000 Clint Moore Road

Suite, Apt. #, Etc.

Suite 110

City

Boca Raton

State
FL

Zip Code

33487-2847

000018939730

05/14/03--01050--013 ** 208.75

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

REGISTERED AGENT MUST SIGN

Date **5/12/03**

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
P/S/D	Richard Finkelstein	1000 Clint Moore Road, Ste. 110	Boca Raton, FL 33487
C/T/D	Kenneth M. Endelson	1000 Clint Moore Road, Ste. 110	Boca Raton, FL 33487

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

RICHARD FINKELSTEIN

Date

5/12/03

Daytime Phone #

561-997-5760

CR2E081 (10/02)

5/12/03