

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 730766
1. Corporation Name Boca Linda North Association, Inc.

FILED
99 DEC 30 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1241 N.W. 13th St.
Boca Raton, FL 33486

Mailing Address
2200 N. Federal Hwy. P.O. Box 408
Suite 212 Deerfield Bch.
Boca Raton, FL 33431 FL 33412

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
		<u>2200 N. Federal Hwy</u>		<u>1974</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
		<u>Suite 212</u>		<u>59-1918423</u>	
City & State		City & State		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <input checked="" type="checkbox"/>	
<u>Boca Raton, FL.</u>		<u>Boca Raton, FL.</u>		<input type="checkbox"/> <input checked="" type="checkbox"/>	
Zip	Country	Zip	Country		
<u>33431</u>	<u>U.S.A.</u>	<u>33431</u>	<u>U.S.A.</u>		

REINSTATEMENT

90

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<u>Alt</u>	<u>Brenda Alexander</u>	<u>1201 N.W. 13th St.</u> <u>Apt. # 426</u>	<u>Boca Raton FL 33486</u>
<u>Sltd</u>	<u>Valerie Burgio</u>	<u>1271 N.W. 13th St.</u> <u>Apt. 356</u>	<u>Boca Raton FL 33486</u>
<u>D</u>	<u>Peggy Rogers</u>	<u>1301 N.W. 12th Ave</u> <u>Apt. # 312</u>	<u>Boca Raton FL 33486</u>

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****236.25 ****236.25

8. Name and Address of Current Registered Agent

MAHAGONY SERVICES INC.
2200 Corporate Blvd. N.W.
Suite 220
Boca Raton, FL 33431

9. Name and Address of New Registered Agent

Name LENNIE PLAZURE
Street Address (P.O. Box Number is Not Acceptable)
2200 N. Federal Hwy.
Suite, Apt. #, Etc.
Suite 212
City Boca Raton State FL Zip Code 33431

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 [Signature]
REGISTERED AGENT MUST SIGN

Date _____

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRENDA ALEXANDER

Date _____ Daytime Phone # _____

KE