

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 15 AM 8:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **749489**

1. Corporation Name  
**PIEDMONT 'L' ASSOCIATION, INC.**

2. Principal Office Address  
**1315 N.E. 8TH STREET**

3. Mailing Office Address  
**1315 N.E. 8TH STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**BOYNTON BEACH, FL**

City & State  
**BOYNTON BEACH, FL**

Zip Country  
**33426 USA**

Zip Country  
**33426 US**

**REINSTATEMENT** 02-03

4. Data Incorporated or Qualified  
To Do Business in Florida

5. FEI Number Applied For  
**59-2039756** Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$9.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name **DANNY WILSON** **800023821508**  
10/15/03--01060--025 \*\*29 .50

Street Address (P.O. Box Number is Not Acceptable) **1315 N.E. 8TH STREET**

Suite, Apt. #, Etc.

City **BOYNTON BEACH** State **FL** Zip Code **33426**

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 *Danny Wilson* Date **10-8-03**  
REGISTERED AGENT MUST SIGN

**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
PD	WILLY WEITZBERG	569 PIEDMONT L	DELRAY BEACH, FL 33484
VD	DANIEL SAIEWITZ	530 PIEDMONT L	DELRAY BEACH, FL 33484
SD	SONDRA SAIEWITZ	530 PIEDMONT L	DELRAY BEACH, FL 33484
TD	JANET GELLER	532 PIEDMONT L	DELRAY BEACH, FL 33484
D	FRANCES CHASEN	576 PIEDMONT L	DELRAY BEACH, FL 33484
D	EDWARD BRAVER	562 PIEDMONT L	DELRAY BEACH, FL 33484

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: *Janet Geller* Date **10/9/03** Daytime Phone # **561-498-0605**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/16

CR2E081 (10/02)