

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 MAR -6 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01/23/03--01032--007 **236.25

300010665933
01/23/03--01032--008 **61.25

DOCUMENT # 707508

1. Corporation Name

COLONIAL MANOR CONDOMINIUM OF HOLLYWOOD, INC.

2. Principal Office Address

3500 MONROE STREET

Suite, Apt. #, etc.

HOLLYWOOD, FL

City & State

HOLLYWOOD, FL

City

33021

BROWARD

3. Mailing Office Address

4205 HAYES STREET

Suite, Apt. #, etc.

HOLLYWOOD, FL

City & State

HOLLYWOOD, FL

City

33021

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

6-30-1964

5. FEI Number 592358389

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOHN C. FERRY

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

4205 HAYES STREET

Suite, Apt. #, Etc.

City

HOLLYWOOD

State
FL

Zip Code
33021

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

John C. Ferry

REGISTERED AGENT MUST SIGN

Date

12-27-02

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 |
|--------|---------------------------------------|---|---------------------|
| D/P | <i>John C. Ferry</i> JOHN C. FERRY | 4205 HAYES STREET | HOLLYWOOD, FL 33021 |
| D/VP | <i>John Sullivan</i> JOHN SULLIVAN | 3500 MONROE ST. #108 | HOLLYWOOD, FL 33021 |
| T/D | <i>Sharon Ferry</i> SHARON FERRY | 4205 HAYES STREET | HOLLYWOOD, FL 33021 |
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| | | | |

REINSTATEMENT 02-03-18

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:

John C. Ferry

JOHN C. FERRY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-27-02

Date

954) 987-2752

Daytime Phone #

CR2E081 (9/01)