

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
00 NOV -7 PM 5:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 717062

1. Corporation Name

Three Horizons, East, Condominium, Inc

2. Principal Office Address

7071 W. Commercial Blvd

Suite, Apt. #, etc.

2B

City & State

Tamarac

Zip

33319

Country

USA

3. Mailing Office Address

7071 W. Commercial Blvd.

Suite, Apt. #, etc.

2B

City & State

Tamarac

Zip

33319

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

591438436

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

64/27/99 90181 003 0125

7. Name and Address of Current Registered Agent

Name

Sunrae Management Services, Inc - Karen Busch, VP

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

7071 West Commercial Blvd.

600003483486-5

Suite, Apt. #, Etc.

2B

-12/04/00-01001-001

\*\*\*\*\*61.25 \*\*\*\*\*61.25

City

Tamarac

State

FL

Zip Code

33319

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

*Karen Busch*

REGISTERED AGENT MUST SIGN

Date

9/26/00

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	Ettore Scarlino	12500 NE 15th Avenue Apt. 515	N. Miami, FL 33161
VD	Derek Bhupsingh	12500 NE 15th Avenue Apt. 503	N. Miami, FL 33161
TD	Frank J. Held	12500 NE 15th Avenue Apt. 511	N. Miami, FL 33161
S	Elena Mestrezat	12500 NE 15th Avenue Apt. 115	N. Miami, FL 33161
			600003483486-5 -12/04/00-01001-002 ****175.00 ****175.00

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:

*Ettore Scarlino*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*Ettore Scarlino*

Daytime Phone #

CR2E081 (9/99)



**SUNRAE**

Management Services, Inc.

November 1, 2000

**CERTIFIED/RETURN RECEIPT REQUESTED**

**Article# 7099 3400 0017 4287 1965**

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32314

RE: THREE HORIZONS EAST CONDOMINIUM, INC.  
DOCUMENT # 717062  
ANNUAL CORPORATE REPORT

To Whom It May Concern:

Enclosed please find a completed Corporation Reinstatement application for the above referenced Association.

Also enclosed is check# 3079 in the amount of \$61.25 for the filing fee and check# 3091 in the amount of \$175.00 for the reinstatement fee.

As the application has been completed in accordance with the instructions for reinstatement and the required fees are being submitted, we are requesting the above named Association be returned to active status.

Sincerely,

SUNRAE MANAGEMENT SERVICES, INC.

By: Bernita D. Sherrod  
Accounts Payable Manager

Enclosures

cc: Management/Read  
Scott Busch, President  
Karen Busch, Vice President  
Chris Marino, LCAM Property Manager

7071 West Commercial Boulevard • Suite 2B • Tamarac, Florida 33319  
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E-mail: Sunraemgm@aol.com

