

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
97 OCT 31 PM 3:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 724669**

1. Corporation Name  
**THE TOWNHOUSES OF EMERALD HILLS, INC.**

Principal Place of Business Mailing Address  
**1201 ST. ANDREWS RD. HOLLYWOOD, FL 33021**

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 Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/30/1972	
City & State		City & State		5. FEI Number	
Zip		Country		59-1493840	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

**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
PD	SHWEKY, SEYMOUR	202 ST. ANDREWS RD.	HOLLYWOOD, FL 33021
TD	GORDON, TRACY	1503 ST. ANDREWS RD.	HOLLYWOOD, FL 33021
VP D	WIENER, BERNIE	211 BONNIE BRAE WAY	HOLLYWOOD, FL 33021
SEC D	GUTAW, DOUG	109 BONNIE BRAE WAY	HOLLYWOOD, FL 33021
DIR	GANON, LAWRENCE	1505 ST. ANDREWS RD.	HOLLYWOOD, FL 33021
DIR	HARMAN, SUNIL	102 HEATHERBROOK WAY	HOLLYWOOD, FL 33021
DIR	JACOBS, CATHERINE	111 BONNIE BRAE WAY	HOLLYWOOD, FL 33021

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

**9. Name and Address of New Registered Agent**

KAYE & ROGER, P.A. 6261 N.W. 6TH WAY, SUITE 103 FORT LAUDERDALE, FL 33309	Name	
	700002337287--6	
	Street Address (P.O. Box Number is Not Acceptable)	
	****236.25 ****236.25	
Suite, Apt. #, Etc.		
City		State <b>FL</b>
		Zip Code

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: **10.8.97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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]* **Treasurer Tracy Gordon** 10/13/97 954-966-1170  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPRE040 (12/95)