

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. (D)

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT 21 PM 4:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 725924

1. Corporation Name

Westwood Community Two Association, Inc

2. Principal Office Address

6604 NW 95<sup>th</sup> Ave.

Suite, Apt. #, etc.

City & State

Tamarac, Florida

Zip

33321

Country

USA

3. Mailing Office Address

6604 NW 95<sup>th</sup> Ave.

Suite, Apt. #, etc.

City & State

Tamarac, Florida

Zip

33321

Country

USA

REINSTATEMENT 97-03

4. Date Incorporated or Qualified  
To Do Business in Florida

3/27/73

5. FEI Number

237281293

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

Robert Kaye & Associates, P.A.

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

6261 N.W. 6<sup>th</sup> Way

Suite, Apt. #, Etc.

Suite 103

City

Ft. Lauderdale

State

FL

Zip Code

33309

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

Robert Kaye President

Date

10-14-03

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
P/D	Laura Silverman	9606 NW 66 <sup>th</sup> street	Tamarac, FL 33321
V/P/D	Robert MacAuley	6703 Westwood Blvd. East	Tamarac, FL 33321
S/D	Sean Brown	6703 NW 98 <sup>th</sup> Ave	Tamarac, FL 33321
T/D	Joann Plotkin	6613 NW 93 <sup>rd</sup> Ave	Tamarac, FL 33321
D	Frank Lambombarda	9306 NW 66 <sup>th</sup> Court	Tamarac, FL 33321
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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:

Laura Silverman

Date

Daytime Phone #

10/10/03 954-726304

CR2E081 (10/02)