2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # 727588			(SE		-					
Enlity Name SPRING CREEK CONDOMINIUM ASSOCIATION, INC.						C12 A				
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3831 NW 84		Mailing Address 3831 NW 84TH AVE.			12/12/08		ಣಿಕಿಸಾಣ	1 8 12590.	.06	
TH SUNRISE, FL 33351 US		SUNRISE, FL 33351	US							
2. Principal Place of Business - No P.O. Box # 3801 NW 84 AVE.		3. Mailing Address 3801 NW 84 A	VF.					ii b ibii bibii	1301 OI 1301	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12032008 _{REI}	N-NP	CR2E099	(1/07)			
1C City & State		City & State		4. FEI Number			·	plied For		
	ISE, FLORIDA	SUNRISE, F	LORIDA		NOT APPLIC	CABLE		_	t Applicable	
Zip 33351	Country USA	Zip 33351	Country USA		5. Certificate of Sta	tus Desired		75 Addi		
33331	6. Name and Address of Current	1	J		7. Name and Addr	ess of New R		Required nt	<u>'</u>	
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COOLEY, 3831 NOR	THWEST 84TH AVENUE		Stre	LANCE CLOUSE C/O BECKER - POLIAKOFF, P.A. Street Address (P.O. Box Number is Not Acceptable)						
1H				3111	STIRLING RO	AD				
SUNRISE,	FL 33351		City				 1	7:- 0- 1-		
			FC	RT LAU	DERDALE		FL	3331	2	
	named entity submits this statement for the stat	or the purpose of changing its	registered offic	ce or register	ed agent, or both, in t	he State of Flo	rida. I am famil	liar with, a	and accept	
·	Da 0 (1/	2010				1-	2-04-	_ (d	
SIGNATURE .	and n	OU NO	B 1 2 2 2 2 2 2			1.		\cup		
	Signature, typed or printed name of registered agent	and the irapplicable. (NO16	; registered Agent	r signature requi	red when reinstating)		DATE			
	FILE NOW!!! FEE IS \$236.25 inuary 1, 2009, Fee will be \$297	.50					ake check pa ida Departme	•		
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After Ja 10. IIILE	OFFICERS AND O	<u> </u>	TITLE	P/	D	Flor	Ida Departme	nt of St	ate	
After Ja	OFFICERS AND ()	RECTORS	_	P/ MO	D ORE, AARON	Flor	Ida Departme	nt of Sta	10	
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR