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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV 25 AM 11:0
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Make Check Payable To *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT # 728514

QUAIL RUN OF SUNRISE UNIT ~~NO 1~~ ASSN INC
C/O BERGMAN, MARTIN & COMPANY
1 SW 129 AVENUE SUITE 402
PEMBROKE PINES, FL 33027

2. If Address in Block 1 is incorrect, enter correct address below:

Address

City and State Zip Code

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3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State Zip Code

4. Date Incorporated or Qualified To Do Business in Florida	5. FEI Number	FEI Number Applied For ☐	6. CERTIFICATE OF STATUS DESIRED ☐
1986	59-1593034	FEI Number Not Applicable ☐	

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	MARILYN INFANTINO	7502 NW 30 PLACE #414	SUNRISE, FL 33313
VPD	ANTHONY PITULLE	7500 NW 30 PLACE #424	SUNRISE, FL 33313
T	MAGGIE CANOVA	7500 NW 30 PLACE #308	SUNRISE, FL 33313
A			
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REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

MAGGIE CANOVA
7502 NW 30 PLACE #308
SUNRISE, FL 33313

9. If changed, new registered agent / office

Name 100002017101--2
-12/02/96--01038--012
Street Address (Do NOT Use P.O. Box Number) ****306.25 ****306.25

Street Address (Do NOT Use P.O. Box Number)

City State: FL Zip

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 ⊗ Marguerite J Canova Date 10/21/96
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. 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 of Officer or Director ⊗ Marguerite J Canova Date 10/21/96 Daytime Phone # 954-748-3707

Typed or printed name of signing officer or director MAGGIE CANOVA