PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

97 FEB 26 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT 94-97

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

800002100158--3
-02/27/97--01075--003
****420.00 ****420.00

DOCUMENT # 730155

1. Corporation Name
JOURNEY'S END HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
P.O. BOX 8380
CORAL SPRINGS, FL 33075-8380

Mailing Address
P.O. BOX 8380
CORAL SPRINGS, FL 33075-8380

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
Suite, Apt #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: 06-25-74

5. FEI Number: 59-2226981 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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
P, D	LOUIS WOLFSON III	9350 SOUTH DIXIE HIGHWAY SUITE 900	MIAMI, FL 33156
V, D	GERMAN LEIVA	2305 NW 107 AVENUE	MIAMI, FL 33172
T, D	RALPH SANCHEZ	1 SPEEDWAY BOULEVARD	HOMESTEAD, FL 33035

REINSTATEMENT 94-97

8. Name and Address of Current Registered Agent

MICHAEL E. GORDON
MICHAEL E. GORDON, P.A.
Certified Public Accountant
9300 UNIVERSITY DRIVE
SUITE 301
CORAL SPRINGS, FLORIDA 33065

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

CR2E040 (12/96)

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: Michael E. Gordon — Date: 2-21-97
REGISTERED AGENT MUST SIGN

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 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: [signature] — 2/24/97 (Date) — (305)670-2226 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR