

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



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

AND FILED

97 NOV 12 PM 12:13

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **735111**

1. Corporation Name
VILLAS OF PEMBROKE LAKES ASSOCIATION, INC.

Principal Place of Business 10250 GREENHOUSE ROAD PEMBROKE PINES FL 33026 US	Mailing Address 10250 GREENHOUSE ROAD PEMBROKE PINES FL 33026
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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 Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 03/03/1976	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-1669331	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	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
P	LYDZINSKI, ROBERT	1451 LAGUNA LANE	PEMBROKE PINES FL
VP	LYDZINSKI, ROBERT	1451 LAGUNA LANE	PEMBROKE PINES FL
T T/D	DELGADO, WILLIAM	1450 LAGUNA LANE	PENBROKE PINES FL
D S/D	MERCHEL, MARILYN	40988 FAIRWAY ROAD	PEMBROKE PINES FL
D	SIMMONS, GEORGE	1574 FAIRWAY ROAD	PEMBROKE PINES, FL.
D	MARTINEZ, FELIX	10250 GREENHOUSE RD	PEMBROKE PINES FL
D	REED, STAN	1700 NW 106 AVE	PEMBROKE PINES, FL.
VP	WRONSKI, CHRISTOPHER	1690 FAIRWAY ROAD	PEMBROKE PINES FL

8. Name and Address of Current Registered Agent

EBER, ROBERT C.
 10761 SW 104TH STREET
 MIAMI FL 33176

9. Name and Address of New Registered Agent

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

Handwritten: 11/13
 9800002346819-3
 11/13/97-01082-015
 *****236-25 State *****236-25 Zip Code
FL

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 *Robert C. Eber*
 REGISTERED AGENT MUST SIGN

Date **10/31/97**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: *George A. Simmons* **GEORGE A. SIMMONS**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10/30/97** Daytime Phone # **(954) 433-5725**

CR20040 (8/97)