

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 NOV 24 AM 10:26

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

APPLICATION
 FOR
 REINSTATEMENT

DOCUMENT # **743598**

1. Corporation Name

TOWNHOUSES OF VENETIAN PARK HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

819 N.E. 27TH AVENUE
 HALLANDALE FL 33009

819 N.E. 27TH AVENUE
 HALLANDALE FL 33009

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

07/17/1978

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1870934

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
TD	HALLMAN, ESTELLE	946 N.E. 27TH AVE.	HALLANDALE FL
PD	FRIEDMAN, BERNARD	901 N.E. 27TH AVE.	HALLANDALE FL
VD	GREENBERG, CHAIM	745 N.E. 27TH AVE.	HALLANDALE FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FRIEDMAN, BERNARD
 901 N.E. 27 AVE
 HALLANDALE FL 33009

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

Bernard Friedman
 REGISTERED AGENT MUST SIGN

Date

11-20-03

11. 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:

Bernard Friedman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/20/03

Daytime Phone #

954-454-0456

CFR2040 (7/03)