PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
03 MAY 22 AM 8:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **745999**

1. Corporation Name

POM-TOR TOWNHOUSES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3240 NE 11TH ST POMPANO BEACH FL 33062	3240 NE 11TH ST POMPANO BEACH FL 33062

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 02/19/1979

5. FEI Number: 59-2005484 ☐ 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	4 City / State / Zip
[illegible]	[illegible]	[illegible]	[illegible]
PD	PITTLEMAN, SHELDON	3244 NE 11TH ST #106	POMPANO BEACH FL 33062
SD	ANDERSON, MARGARET	3240 NE 11 ST #204	POMPANO BEACH FL 33062
TD	TOBIN, STEVE	3240 NE 11th ST #202	POMPANO BEACH FL 33062
		700019683987 05/22/03--01010--001 **61.25	

8. Name and Address of Current Registered Agent

SALAVADORE, OOTTA
3240 N.E. 11TH ST.
#202
POMPANO BEACH FL 33062

9. Name and Address of New Registered Agent

Name: THOMAS V SHOOP
Street Address (P.O. Box Number is Not Acceptable): 1220 MIAMI ROAD
Suite, Apt. #, Etc.: SUITE #6
City: FT LAUDERDALE | State: FL | Zip Code: 33316

CR2E040 (8/02)

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: Thomas V Shoop SIGNATURE REQUIRED — Date: May 15, 2003
REGISTERED AGENT MUST SIGN

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Pom-Tor Townhouses Association

1220 Miami Road – Suite 6 – Fort Lauderdale FL 33316
Office: 954-462-0880 Fax: 954-524-3572

Department of State
Division of Corporations
Reinstatement Section
PO Box 6327
Tallahassee FL 32314

May 13, 2003

To Whom It May Concern:

The Pom-Tor Townhouses Association paid the 2002 Annual Filing Fee and, evidently, failed to list three directors. Because of having less than the required three directors listed, the fee was retained by the Division and the form was returned for correction. For whatever reason, this returned form was never received by the Pom-Tor Townhouses Association.

It is therefore requested that the penalties be waived and the Corporation be reinstated.

Attached is our check for $61.25 for the year 2003.

Your consideration in this matter will be appreciated.

Sincerely,

Thomas V. Shoop

Thomas V. Shoop, Manager
Pom-Tor Townhouses Association

TVS/le