

APPLICATION FOR REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT #

746339

Corporation Name

Pebble Springs Condominium Association, Inc

Principal Place of Business

Consolidated Community Management, Inc.

Mailing Address

10034 W McNab Rd
TAMARAC, FL
33321

* NEW

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-174507

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Titles)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	MICKI NOCHOMSON	3992 NW 88 th AVE 2A	Sunrise, FL 33351
VP	Shaffronia Plummer	4054 NW 88 th AVE 2B	Sunrise, FL 33351
T	Paula Caswell	4040 NW 88 th AVE 2C	Sunrise, FL 33351
S	Marjorie Malone	3990 NW 88 th AVE 2C	Sunrise, FL 33351
D	Cheryle Beebler	4064 NW 88 th AVE 2B	Sunrise, FL 33351
D	Sharon Miller	4054 NW 88 th AVE 1B	Sunrise, FL 33351

8. Name and Address of Current Registered Agent

Kaye + Roger, P.A.
6261 NW 6 WAY
STE 103
FT. LAUDERDALE, FL 33309

9. Name and Address of New Registered Agent

Name
JAMES MILES
Street Address (P.O. Box Number is Not Acceptable)
10034 W. McNab Road
Suite, Apt. #, Etc.
-11/22/99 - 01138-002
City
TAMARAC
FL 33321

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

James Miles

Date 11-3-99

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:

MICKI NOCHOMSON

11-4-99

954-846-8352

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #