

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION FOR REINSTATEMENT

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

FILED
 03 NOV 24 PM 3:08
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 746364

1. Corporation Name

IMPERIAL VILLAGE CONDOMINIUM ASSOCIATION OF BROWARD COUNTY, INC.

Principal Place of Business	Mailing Address
F BROWARD COUNTY, INC. 6200 NE 22ND WAY FT LAUDERDALE FL 33308	F BROWARD COUNTY, INC. 6200 NE 22ND WAY FT LAUDERDALE FL 33308



REINSTATEMENT 03

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.		03/21/1979	
City & State		City & State		5. FEI Number	
Zip		Country		59-1977099	
				Applied For	
				Not Applicable	
				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	4 City/State/Zip
DR P/D	VIAS, PHILIP	6200 NE 22 WAY	FORT LAUDERDALE FL 33308
DR	TAYLOR STANKY	6200 NE 22 WAY	FORT LAUDERDALE FL 33308
S/D	DELISSER, NATALIE	6200 NE 22 WAY	FORT LAUDERDALE FL 33308
D	EMERSON, TONI	6200 NE 22 WAY	FORT LAUDERDALE FL 33308
TD	PECHNICK, KURT	6200 NE 22 WAY	FORT LAUDERDALE FL 33308
D	Bihus, Daria Dana Bihus	6200 N.E. 22 Way	Fort Lauderdale, FL 33308

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
TAYLOR STANLEY W 6200 NE 22 WAY FT. LAUDERDALE FL 33308		Name <u>Philip Vias</u>			
		Street Address (P.O. Box Number is Not Acceptable) <u>6200 N.E. 22 Way</u>			
		Suite, Apt. #, Etc. <u>310</u>			
		City <u> Ft. Lauderdale</u>		State FL	Zip Code 33308

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 (P. Vias) Date 11/6/03
 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: (P. Vias) 11/6/03 954-491-7773
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)