

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

AND
FILED

00 OCT 23 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 746792

1. Corporation Name

ESTATES OF INVERRARY HOMEOWNERS ASSOCIATION,
INC.

2. Principal Office Address

4501 NW 70 AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

4501 NW 70 AVENUE

Suite, Apt. #, etc.

City & State

LAUDERHILL, FL

City & State

LAUDERHILL, FL

Zip

33319

Country

BROWARD

Zip

33319

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

APRIL 1979

5. FEI Number

65-0188836

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RICHARD CAMPBELL

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

4501 NW 70 AVENUE

Suite, Apt. #, Etc.

City

LAUDERHILL

State
FL

Zip Code

33319

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date October 17th 2000

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	RICHARD CAMPBELL	4501 NW 70 AVENUE	LAUDERHILL FL 33319
S/D	PHYLLIS KITSON	6820 NW 45 th STREET	LAUDERHILL FL 33319
V/D	MORRIS SIMMONS	6724 NW 46 th COURT	LAUDERHILL FL 33319
T/D	EDWARD KLIGFELD	4580 NW 67 th TERRACE	LAUDERHILL FL 33319
D	HOWARD BERGER	4550 NW 67 th TERRACE	LAUDERHILL FL 33319

10. 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]

EDWARD KLIGFELD

Oct 17th 2000 954-748-8238

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)