


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 749524

1. Corporation Name
Eton Countryside Condominium Association, Inc.

Mailing Address: ~~5100 S.W. 64th Ave.~~ Davie, FL 33314
Principal Place of Business: ~~5100 S.W. 64th Ave.~~ Davie, FL 33314

REINSTATEMENT *9/1/99*

If above addresses are incorrect in any way, line through incorrect information and enter correction below. DO NOT WRITE IN THIS SPACE

2. New Mailing Address, if Applicable: 5090 S.W. 64 AVE, Suite, Apt. #, etc.
3. New Principal Office Address, if Applicable: 5090 S.W. 64 AVE, Suite, Apt. #, etc.
4. Date Incorporated or Qualified To Do Business in Florida: 10/25/79
5. FEI Number: 59-1990891
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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRESIDENT	SUSAN RAMPERSON	5080 SW 64 AVE #203C	DAVIE FL 33314
V-PRESIDENT	STEPHEN HORN	5100 SW 64 AVE # 106 A	DAVIE FL 33314
SECY/TREASURER	BETTY THACKER	5100 SW 64 AVE # 301A	DAVIE FL 33314
DIRECTOR	KATHY HALLETT	5080 SW 64 AVE # 107C	DAVIE FL 33314
DIRECTOR	ART KESTEN	5080 SW 64 AVE # 106C	DAVIE FL 33314
DIRECTOR	LARRY SMITH	5100 SW 64 AVE # 202A	DAVIE FL 33314

8. Name and Address of Current Registered Agent: Gary Poliakoff, Becker & Poliakoff, P.A., 3111 Stirling Road, Fort Lauderdale, FL 33312-6525 (CORRECTED ADDRESS)

9. Name and Address of New Registered Agent: [Blank]

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: *[Signature]* Date: 2/3/99

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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]* Date: 2/12/99

(954) 584-6728 (H)
(954) 723-5660 (W)