

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JAN 24 PM 12:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



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

**REINSTATEMENT 02**

DOCUMENT # 751478

1. Corporation Name  
Parkway Grove Condominium  
Association, Inc.

2. Principal Office Address  
900 S. Federal Highway

3. Mailing Office Address

Suite, Apt. #, etc.  
Suite B

Suite, Apt. #, etc.

City & State  
Hollywood, FL

City & State

Zip Country  
33020 USA

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 3/10/1980

5. FEI Number 5922 90260 / 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: **Marlene Leon-Rubido Esquire**  
Street Address (P.O. Box Number is Not Acceptable): **6000 1068 1336**  
**6780 Coral Way**  
Suite, Apt. #, Etc.: **01/24/03 01013 003 \*\*245 00**  
City: **Miami** State: **FL** Zip Code: **33155**

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]* Date: **12/16/02**  
REGISTERED AGENT MUST SIGN

**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    | Denise Diegenbach                 | 16200 NW 2 Ave # 103                           | MIAMI, FL 33169    |
| VP-D   | BENJAMIN PIERRE                   | 16220 NW 2 Ave # 215                           | MIAMI, FL 33169    |
| TR-D   | J.C. DeCHUADENS                   | 16220 NW 2 Ave # 315                           | MIAMI, FL 33169    |
|        |                                   |  |                    |
|        |                                   |  |                    |

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]* Date: **12/31/02** Daytime Phone #: **8549257647**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*js 1/27*

CR2E081 (8/01)