

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



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

03 JUL -1 AM 8:45

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # 75139 "751939"

1. Corporation Name

BRENTWOOD MANORS PHASE 1  
HOMEOWNERS ASSOCIATION, INC.

2. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

P.O. Box 130104

Suite, Apt. #, etc.

City & State

SUNRISE, FL.

Zip

Country

33313

USA

REINSTATEMENT W-03

4. Date Incorporated or Qualified  
To Do Business in Florida

4/9/1980

5. FEI Number

592438928

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

Street Address (P.O.)

Suite, Apt. #, Etc.

City

Bakalar, Brough & Chadrow, P.A.  
Westside Corporate Center  
150 South Pine Island Road, Suite 540  
Plantation, FL 33324

400021241014

07/01/03--01042--012 \*\*420.00

FL

Zip Code

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

Bakalar Brough Chadrow PA

Date

6/24/2003

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	JOSEPH DORSEY	6200 NW 26th. COURT	SUNRISE, FL. 33313
V	WINSTON CHEN	2690 NW 62nd Terr.	SUNRISE, FL. 33313
S	CARLOS IRIGOYEN	2611 NW 62nd Terr.	SUNRISE, FL. 33313

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MR. JOSEPH DORSEY

Date

6/15/03

Daytime Phone #

954-433-7000

CR2E061 (9/01)

7/7/03