


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUL -1 AM 8:45

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT



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

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

City Zip Code
FL

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: **Mr. Joseph Dorsey** **MR. JOSEPH DORSEY** Date **6/15/03** Daytime Phone # **954-433-7000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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