

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

04 JUN 23 AM 11:13
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

**CORPORATION
 REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 755736

1. Corporation Name
 PATIO VILLAGE HOMEOWNERS
 ASSOCIATION, INC.

2. Principal Office Address
 11530 STATE Rd. 84
 Suite, Apt. #, etc.

3. Mailing Office Address
 PO Box 551390
 Suite, Apt. #, etc.

City & State
 DAYIE FL
 Zip Country
 33325 USA

City & State
 DAYIE FL
 Zip Country
 33355 USA

4. Date Incorporated or Qualified
 To Do Business in Florida 12/31/1980
 5. FEI Number 592046374 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 WEST BROWARD COMMUNITY MANAGEMENT
 Street Address (P.O. Box Number is Not Acceptable) 11530 STATE ROAD 84
 Suite, Apt. #, Etc.
 City DAYIE State FL Zip Code 33325

REINSTATEMENT

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 6-1-04
 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
PD	LEO GELFOND	566 VILLAGE LAKE DR. PATIO	WESTON FL 33326
VPD	JOHN ENGELERT	360 PATIO VILLAGE TERR.	WESTON FL 33326
SD	HENRY STEINBUCK	306 PATIO VILLAGE TERR.	WESTON FL 33326
TD	LOUIS CHIRON	522 PATIO VILLAGE WAY	WESTON FL 33326

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] LEO GELFOND, PRES. 6-1-04 952 472-3820
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

03-04

CR2E081 (01/04)

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