

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **760641**

1. Corporation Name

COUNTRY VILLAGE ESTATES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O SUNDANCE PROPERTY MGT.
11471 W. Sample Road
Ste. 34

SUNDANCE PROPERTY MGT.
11471 W. Sample Road
Ste. 34

Coral Springs, FL 33065

Coral Springs, FL 33065

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

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
DP	Jack Gerzina	7363 Wexford Terrace	Boca Raton/FL/33318
TDV	Charles Glover	2421 NW 36th Street	Boca Raton/FL/33318
DV	Tony Soward	5098 NW 43 Court	Lauderdale Lakes/FL/33319

8. Name and Address of Current Registered Agent

Becker, Blair R.
2175 NE 56 St. #114
Ft. Lauderdale, FL 33308

9. Name and Address of New Registered Agent

Name

JENNINGS & VALANCY, P.A.

Street Address (P.O. Box Number is Not Acceptable)

One East Broward Boulevard

Suite, Apt. #, Etc.

Ste. 1505

City

Ft. Lauderdale

State

FL

Zip Code

33301

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

Blair R. Becker

REGISTERED AGENT MUST SIGN

Date **5-3-99**

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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

John H. ...

5/3/99
Date

(954) 428-1915
Daytime Phone #

FILED
99 MAY 10 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 98-99

4. Date Incorporated or Qualified
To Do Business in Florida

11/09/1981

5. FEI Number

59-2530677

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CP2508 (12/98)